

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**OFFICE OF HEALTH INSURANCE PROGRAMS**  
**OFFICE OF QUALITY AND PATIENT SAFETY**

**ANNUAL EXTERNAL QUALITY REVIEW TECHNICAL  
REPORT**

Reporting Year 2019

**NEW YORK STATE**  
**MEDICAID MANAGED CARE PLANS**

Published April 2021

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## Acronyms Used in This Report

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ALOS:	Average Length of Stay
CFR:	Code of Federal Regulations
CHP:	Child Health Plus
CMS:	Centers for Medicare and Medicaid Services
COM:	Commercial
DBA:	Doing Business As
EQR:	External Quality Review
EQRO:	External Quality Review Organization
FAR:	Final Audit Report, HEDIS
FFS:	Fee-For-Service
FIDA:	Fully Integrated Duals Advantage
HARP:	Health and Recovery Plan
HEDIS:	Healthcare Effectiveness Data and Information Set
HMO:	Health Maintenance Organization
HPN:	Health Provider Network
MAP:	Medicaid Advantage Plus
MCP:	Managed Care Plan
MLTC:	Managed Long-Term Care
MMC:	Medicaid Managed Care
MM CPR:	Medicaid Managed Care Operating Report
MRT:	Medicaid Redesign Team
MY:	Measurement Year
NCQA:	National Committee for Quality Assurance
NYC:	New York City
NYCRR:	New York Code of Rules and Regulations
NYS:	New York State
NYS DOH:	New York State Department of Health
OB/GYN:	Obstetrician/Gynecologist
OHIP:	Office of Health Insurance Programs
OPMC:	Office of Professional Medical Conduct
OQPS:	Office of Quality and Patient Safety
PCP:	Primary Care Practitioner/Provider
PHSP:	Prepaid Health Services Plan
PIP:	Performance Improvement Project
PIHP:	Prepaid Inpatient Health Plan
PNDS:	Provider Network Data System
POC:	Plan of Corrective Action
PMPY:	Per Member Per Year
PTMY:	Per Thousand Member Years
PQI:	Prevention Quality Indicator
QARR:	Quality Assurance Reporting Requirements, New York State
ROS:	Rest of State
RY:	Reporting Year
SN:	Safety Net
SOD:	Statement of Deficiency

SS: Small Sample (less than 30)  
SWA: Statewide Average  
UR: Utilization Review

# I. About This Report

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## Purpose of This Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care plans (MCPs) provide for an annual external, independent review of the quality outcomes, timeliness of and access to the services included in the contract between the state agency and the MCP. *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCPs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCP. The states must further ensure that the EQRO has sufficient information to carry out this review, that the information be obtained from EQR-related activities and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services<sup>1</sup> (CMS). Quality, as it pertains to an EQR, is defined in *Title 42 CFR § 438.320 Definitions* as “the degree to which an MCP, PIHP<sup>2</sup>, PAHP<sup>3</sup>, or PCCM<sup>4</sup> entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that is consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement”.

*Title 42 CFR § 438.364 External review results (a) through (d)* requires that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality, timeliness and access to health care services that MCPs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCPs regarding health care quality, timeliness and access, as well as make recommendations for improvement.

To comply with *Title 42 CFR Section § 438.364 External review results (a) through (d)* and *Title 42 CFR Section § 438.358 Activities related to external quality review*, the New York State Department of Health (NSYDOH) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of the MCPs that comprised New York’s Medicaid managed care (MMC) program in 2019.

## Scope of This Report

This EQR technical report focuses on the three federally mandated and one optional EQR activity that were conducted in reporting year (RY) 2019. It should be noted that validation of provider network adequacy, though currently mandated, was not part of the *CMS External Quality Review (EQR)*

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<sup>1</sup> <https://www.cms.gov/>

<sup>2</sup> Prepaid Inpatient Health Plan

<sup>3</sup> Prepaid Ambulatory Health Plan

<sup>4</sup> Primary Care Case Management

*PROTOCOLS*<sup>5</sup> published in October 2019. These protocols also state that an “Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4.” As set forth in *Title 42 CFR Section § 438.358 Activities related to external quality review (b)(1)*, these activities are:

- ***CMS Mandatory Protocol 1. Validation of Performance Improvement Projects (PIPs)*** – IPRO reviewed MCP PIPs to validate that the design, conduct and reporting aligned with the protocol, allowing real improvements in care and services and giving confidence in the reported improvements.
- ***CMS Mandatory Protocol 2. Validation of Performance Measures*** – IPRO reviewed the Healthcare Effectiveness Data and Information Set (HEDIS) audit results provided by the MCPs’ National Committee for Quality Assurance (NCQA)-certified HEDIS compliance auditors, as well as MCP reported rates, member-level files and NYSDOH-calculated performance measure rates.
- ***CMS Mandatory Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations*** – The NYSDOH conducted a review of MCP policies and procedures, provider contracts and member files to determine MCP compliance with federal and state Medicaid requirements. Specifically, this review assessed compliance with *Title 42 CFR Part 438 Subpart D*, the *Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State Public Health Law (PHL)*<sup>6</sup> *Article 44* and *Article 49*, and *New York Codes Rules and Regulations (NYCRR) Part 98-Managed Care Organizations*.<sup>7</sup>
- ***CMS Mandatory Protocol 4. Validation of Provider Network Adequacy*** – Not yet required as protocols have not been published.
- ***CMS Optional Protocol 6. Administration or Validation of Quality of Care Surveys*** – IPRO subcontracted with DataStat, an NCQA-certified survey vendor to administer the 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) to measure consumer satisfaction with New York’s MMC program.

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<sup>5</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>

<sup>6</sup> <http://public.leginfo.state.ny.us/navigate.cgi?NVMUO:>

<sup>7</sup> [Title: SubPart 98-1 - Managed Care Organizations | New York Codes, Rules and Regulations \(ny.gov\)](#)

## II. Background

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### History of the New York State Medicaid Managed Care Program

The NYS MMC program began in 1997 when NYS received approval from CMS to implement a mandatory Medicaid managed care program through a Section 1115 Demonstration<sup>8</sup> waiver. Section 1115 allow for “demonstration projects” to be implemented in states in order to effect changes beyond routine medical care and focus on evidence-based interventions to improve the quality of care and health outcomes for members. The NYS Section 1115 Demonstration waiver project began with several goals, including:

- Increasing access to health care for the Medicaid population;
- Improving the quality of health care services delivered; and
- Expanding coverage to additional low-income New Yorkers with resources generated through managed care efficiencies.

In 2011, the Governor of NYS established the Medicaid Redesign Team (MRT) with the goal of finding ways to lower Medicaid spending in NYS while maintaining a high quality of care. The MRT provided recommendations that were enacted, and the team continues to work toward its goals.

### New York State Quality Goals and Objectives

The state’s current quality strategy encompasses the traditional plans (including Child Health Plus [CHP] populations), Managed Long Term Care (MLTC) plans (including Medicaid Advantage Plus, Program of All-inclusive Care for the Elderly (PACE), and partially capitated MLTC plans), HIV/AIDS SNPs, and behavioral health special needs Health and Recovery Plans (HARPs). A separate quality strategy for Developmental Disability Services is maintained by the Office for People With Developmental Disabilities (OPWDD). As part of the integration of behavioral health services into managed care, the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) collaborated with the Department to develop separate quality strategies for behavioral health based on values that address person-centered care, recovery-oriented services and cultures, integrated care, data driven quality improvement, and evidence based practices.

New York has developed and implemented rigorous standards to ensure that approved health plans have networks and quality management programs necessary to adequately serve all enrolled populations. The NYSDOH performs periodic reviews of the quality strategy to determine the need for revision and to assure MCPs are in compliance with regulatory standards and have committed adequate resources to perform internal monitoring and ongoing quality improvement. The quality strategy is

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<sup>8</sup><https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>



updated regularly to reflect the maturing of the quality measurement systems for new plan types, as well as new plans and populations that may be developed in the future.

To achieve the overall objectives of the NYS MMC program and to ensure NY Medicaid recipients have access to the highest quality of health care, the NYS quality strategy focuses on measurement and assessment, improvement, redesign, contract compliance and oversight, and enforcement. The state targets improvement efforts through a number of activities such as focused clinical studies, clinical and non-clinical PIPs, quality incentives, the quality performance matrix, performance reports, quality improvement conferences and trainings, and plan technical assistance.

New York State aims to improve health care services, to improve population health, and to reduce costs for its MMC program through some of the following objectives:

- Create and sustain an integrated, high performing health care delivery system that can effectively and efficiently meet the needs of Medicaid beneficiaries by improving care, improving health and reducing costs.
- Continue to expand on the assessment, measurement, and improvement activities for all existing managed care plans while incorporating new managed care plans as they become operational.
- Demonstrate an increase of at least 5 percentage points in the statewide average rate of diabetics who received all four required tests for the monitoring of diabetes.
- Decrease the prevalence of self-identified smokers on the CAHPS survey.
- Increase the measurement, reporting and improvement initiatives associated with preventable events such as Prevention Quality Indicators (PQIs), potentially preventable readmissions (PPRs) and emergency department use for preventive care (PPVs).
- Increase measurement in behavioral health by developing and implementing a more robust measurement set and incorporating expanded populations such as Health Homes into the New York State Quality Assurance Reporting Requirements (QARR).
- Continue to publish data by race and ethnicity, as well as aid category, age, gender, special needs, and region in order to develop meaningful objectives for improvement in preventive and chronic care. Engage the plans in new ways to improve care by focusing on specific populations whose rates of performance are below the statewide average.
- Decrease any disparity in health outcomes between the Medicaid and commercial populations.
- Expand access to managed long term care for Medicaid enrollees who are in need of long-term services and supports (LTSS).
- Increase MLTC measurement with the implementation of HEDIS/QARR reporting on fully capitated plans and the development of additional measures using Uniform Assessment System (UAS)-NY data.
- Decrease the percentage of MLTC enrollees who experienced daily pain from 52 % to 45%.
- Decrease the percentage of MLTC enrollees who had one or more falls so that no plan has a rate above 20%.
- Identify and reduce disparities in access and outcomes for individuals with serious behavioral health conditions (individuals enrolled in HARPs).

- Increase provider implementation of evidence-based practices that integrate behavioral and physical health services, including addiction pharmacotherapy.
- Improve care coordination for individuals with complex behavioral and physical health needs.

### III. External Quality Review Activities

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For CY 2019, IPRO conducted a validation of PIPs, a validation of performance measures, and a quality of care survey while the NYSDOH evaluated the MCPs' compliance with federal Medicaid standards and state structure and operation standards. Each activity was conducted in accordance with the *CMS External Quality Review (EQR) PROTOCOLS* published in October 2019. **Appendices A–D** of this report provide details of how these activities were conducted including objectives of the activity, technical methods of data collection, descriptions of data obtained and data aggregation and analysis.

This annual EQR technical report provides summaries of the EQR activities that were conducted. Findings are reported for all MCPs that participated in the NY MMC program in RY 2019.

## IV. Corporate Profiles

**Table 1** displays an overview of each MCP's corporate profile. For each MCP, the table displays the date the MCP entered the NYS MMC program, product lines carried, the total Medicaid enrollment for calendar year 2019, and the NCQA accreditation rating achieved, where available. The NYS MMC program does not require NCQA accreditation; MCPs voluntarily decide to seek accreditation. The NCQA accreditation survey includes an assessment of MCP systems and processes, and an evaluation of key dimensions of care and services provided by the MCP. NCQA awards health plans a rating based on these survey results.

**Table 1: MCP Corporate Profiles**

MCP	Medicaid Managed Care Start Date	Product Line (s)	Total Medicaid/CHP Enrollment as of 12/2019 <sup>1</sup>	NCQA Accreditation Rating <sup>2</sup> (as of 03/16/2020)
<b>Affinity</b>	10/09/1986	Medicaid, CHP, HARP	205,121	Not Applicable
<b>BCBS WNY</b>	08/01/1985	Medicaid, CHP, Commercial	37,271	Medicaid – Expired Commercial - Commendable
<b>CDPHP</b>	04/30/1984	Medicaid, CHP, HARP, Commercial	93,284	Commercial and Medicaid—Excellent
<b>Empire BCBS HealthPlus</b>	01/12/1996	Medicaid, CHP, HARP	347,283	Medicaid - Commendable
<b>Excellus</b>	01/01/1998	Medicaid, CHP, HARP, Commercial	201,027	Commercial and Medicaid - Commendable
<b>Fidelis</b>	11/03/1993	Medicaid, CHP, HARP	1,379,127	Medicaid - Accredited
<b>Healthfirst</b>	08/30/1994	Medicaid, CHP, HARP	992,145	Not Applicable
<b>HIP</b>	Prior to 1991	Medicaid, CHP, HARP, Commercial	132,765	Commercial—Accredited
<b>IHA</b>	07/01/1991	Medicaid, CHP, HARP, Commercial	61,501	Commercial—Commendable
<b>MetroPlus</b>	06/15/1985	Medicaid, CHP, HARP	376,710	Not Applicable
<b>Molina</b>	10/16/2013	Medicaid, CHP, HARP	27,081	Not Applicable
<b>MVP</b>	08/01/1997	Medicaid, CHP, HARP, Commercial	191,047	Commercial—Commendable
<b>UHCCP</b>	07/31/1987	Medicaid, CHP, HARP	431,499	Medicaid—Accredited
<b>WellCare</b>	02/12/1987	Medicaid, CHP	110,399	Medicaid—Commendable
<b>YourCare</b>	07/05/1996	Medicaid, CHP, HARP	39,371	Not Applicable

<sup>1</sup>Data Source: NYS OHIP Medicaid DataMart.

<sup>2</sup>For more detail on the MCPs' accreditation ratings, please see <https://reportcards.ncqa.org/#/health-plans/list>. CHP: Child Health Plus. MCP: managed care plan. NCQA: National Committee of Quality Assurance. HARP: Health and Recover Plan.

## V. Findings, Conclusions and Recommendations Related to Quality, Timeliness and Access

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### Introduction

This section of the report discusses the results, or findings, from the required EQR activities (validation of PIPs, validation of performance measures, and review of compliance with Medicaid standards) and one optional EQR activity; as well as strengths of the NYS MMC program and recommendations related to the **quality** of, **timeliness** of and **access** to care. These three elements are defined as:

- **Quality** is the extent to which an MCP increases the likelihood of desired health outcomes for enrollees through its structural and operational characteristics and through health care services provided, which are consistent with current professional knowledge.
- **Access** is the timely use of personal health services to achieve the best possible health outcomes.<sup>9</sup>
- **Timeliness** is the extent to which care and services, are provided within the periods required by the NYS MMC Contract, federal regulations, and as recommended by professional organizations and other evidence-based guidelines.

### Validation of Performance Improvement Projects

This subpart of the report presents the results of the evaluation of the PIPs conducted in CY 2019.

*Section 18.15 (a)(xi)(B) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract* requires each MCP to conduct at least one (1) PIP in a priority topic area of its choosing with the mutual agreement of the NYSDOH and the EQRO, and consistent with *Title 42 CFR § 438.330 Quality assessment and performance improvement program (d)(2)*.

MCPs were required to design PIPs to achieve significant, sustained improvement in health outcomes, and that included the following elements:

- 1) measurement of performance using objective quality indicators,
- 2) implementation of interventions to achieve improvement in access to and quality of care, and
- 3) evaluation of the effectiveness of interventions based on the performance measures

In 2019, all MCPs agreed to establish a three-year PIP on the common theme, Kids Quality Agenda. While interventions were MCP-specific, the PIP focus areas were consistent across all MCPs and

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<sup>9</sup>Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Washington, DC: National Academy Press; 1993. <https://www.ncbi.nlm.nih.gov/books/NBK235882/>

included: blood lead testing, newborn hearing screening, and developmental screening. Details of each MCP's PIP activities are described in **Section VI** of this report.

The PIP assessments were conducted using tools developed by IPRO and consistent with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*. IPRO's assessment and scoring frameworks are further described in **Appendix A** of this report. **Table 2** displays a summary of the MCPs' PIP assessments.

**Table 2: 2019 MCP PIP Validation Findings**

MCP	Selected Topic	Study Question	Indicators	Population	Sampling Methods	Data Collection Procedures	Interpretation of Study Results	Improvement Strategies
<b>Affinity</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>BCBS WNY</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>CDPHP</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>Empire BCBS HealthPlus</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>Excellus</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>Fidelis</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>Healthfirst</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>HIP</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>IHA</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>MetroPlus</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>Molina</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>MVP</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>UHCCP</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>WellCare</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met
<b>YourCare</b>	Met	Met	Met	Met	Not Applicable	Met	Met	Met

MCP: managed care plan. PIP: performance improvement project.

IPRO's assessment of each MCP's PIP methodology found that there were no validation findings that indicated that the credibility of the PIP results was at risk.

## Validation of Performance Measures

This subpart of the report presents the results of the evaluation of MCP performance measures calculated for RY 2019. IPRO's validation methodology is consistent with the CMS EQR *Protocol 2. Validation of Performance Measures* and is described in **Appendix B** of this report.

### Information System Capabilities Assessment

The ISCA data collection tool allows the state or EQRO to evaluate the strength of each MCP's information system (IS) capabilities to meet the regulatory requirements for quality assessment and reporting. *Title 42 CFR § 438.242 Health information systems* and *Title 42 CFR § 457.1233 Structure and operation standards (d) Health information systems* also require the state to ensure that each MCP maintains a health information system that collects, analyzes, integrates, and reports data for purposes including utilization, claims, grievances and appeals, disenrollment for reasons other than loss of Medicaid or CHIP eligibility, rate setting, risk adjustment, quality measurement, value-based purchasing, program integrity, and policy development. While some portions of the ISCA are voluntary, there are some components that are required to support the execution of the mandatory EQR-related activities protocols.

While the *CMS External Quality Review (EQR) PROTOCOLS* published in October 2019 stated that an ISCA is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that are conducted as part of the HEDIS audit may be substituted for an ISCA.

IPRO reviewed each MCP's 2020 HEDIS MY 2019 FAR to determine its compliance with ISCA standards. The FARs revealed that all MCPs met information system standards for the successful reporting of HEDIS and QARR. **Table 3** displays the MCP's results for each IS standard assessed, as well as the NCQA-certified HEDIS compliance auditor that conducted the assessment.



**Table 1: MCP Compliance with Information System Standards**

MCP	MCP Contracted Compliance Auditor for HEDIS MY 2019	Information System Standard						
		1.0 Medical Services Data	2.0 Enrollment Data	3.0 Practitioner Data	4.0 Medical Record Review Processes	5.0 Supplemental Data	6.0 Data Preproduction Processing	7.0 Data Integration and Reporting
<b>Affinity</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>BCBS WNY</b>	Attest Health Care Advisors	Met	Met	Met	Met	Met	Met	Met
<b>CDPHP</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>Empire BCBS HealthPlus</b>	DTS Group	Met	Met	Met	Met	Met	Met	Met
<b>Excellus</b>	Advent	Met	Met	Met	Met	Met	Met	Met
<b>Fidelis</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>Healthfirst</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>HIP</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>IHA</b>	Attest Health Care Advisors	Met	Met	Met	Met	Met	Met	Met
<b>MetroPlus</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>Molina</b>	Attest Health Care Advisors	Met	Met	Met	Met	Met	Met	Met
<b>MVP</b>	Aqurate Health Data Management, Inc.	Met	Met	Met	Met	Met	Met	Met
<b>UHCCP</b>	Attest Health Care Advisors	Met	Met	Met	Met	Met	Met	Met
<b>WellCare</b>	HealthcareData Company, LLC	Met	Met	Met	Met	Met	Met	Met
<b>YourCare</b>	DTS Group	Met	Met	Met	Met	Met	Met	Met

MCP: managed care plan. MY: measurement year.

## New York State Department of Health Requirements for Performance Measure Reporting

*Section 18.15 (a)(v) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract* require each MCP to prepare and report to the NYSDOH the Quality Assurance Reporting Requirements (QARR).

The 2019 NYS QARR consisted of measures developed by NCQA (HEDIS), CMS and NYS. The major areas of performance included in the 2019 QARR were:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health Plan Descriptive Information
6. NYS-specific measures
  - Adolescent Preventive Care
  - Viral Load Suppression
  - Continuity of Care from Inpatient Detox to Lower Level of Care
  - Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care
  - Initiation of Pharmacotherapy upon New Episode of Opioid Dependence
  - Use of Pharmacotherapy for Alcohol Abuse or Dependence
  - Maintaining/Improving Employment or Higher Education Status
  - Maintenance of Stable or Improved Housing Status
  - No or Reduced Criminal Justice Involvement
  - Potentially Preventable Mental Health Related Readmission Rate 30 Days
  - Prenatal Care measures from the Live Birth file

For RY 2019, MCPs produced performance measure rates in accordance with NCQA's *HEDIS 2019 Volume 2 Technical Specifications for Health Plans* and the *2019 Quality Assurance Reporting Requirements Technical Specifications Manual*<sup>10</sup>.

Each MCP submitted final, validated performance measure rates to the NYSDOH as required. The MCPs also submitted member- and provider-level data to IPRO for validation and to the NYSDOH for the calculation of performance measures related to perinatal care. IPRO audited these data for consistency and accuracy and validated the source code.

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<sup>10</sup>

[https://www.health.ny.gov/health\\_care/managed\\_care/qarrfull/qarr\\_2019/docs/qarr\\_specifications\\_manual.pdf](https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2019/docs/qarr_specifications_manual.pdf)

## Quality of Care

The performance measures used to assess quality of care are all standardized HEDIS measures with the exception of the state-developed Adolescent Preventive Care measure. National Medicaid benchmarks used to assess MCP and statewide performance originate from NCQA's 2020 *Quality Compass*® for Medicaid (national - all lines of business [LOBs] excluding preferred provider organizations [PPOs] and exclusive provider organizations [EPOs]). For measures not included in the NCQA's 2020 *Quality Compass* for MY 2019, statewide performance was used as the benchmark.

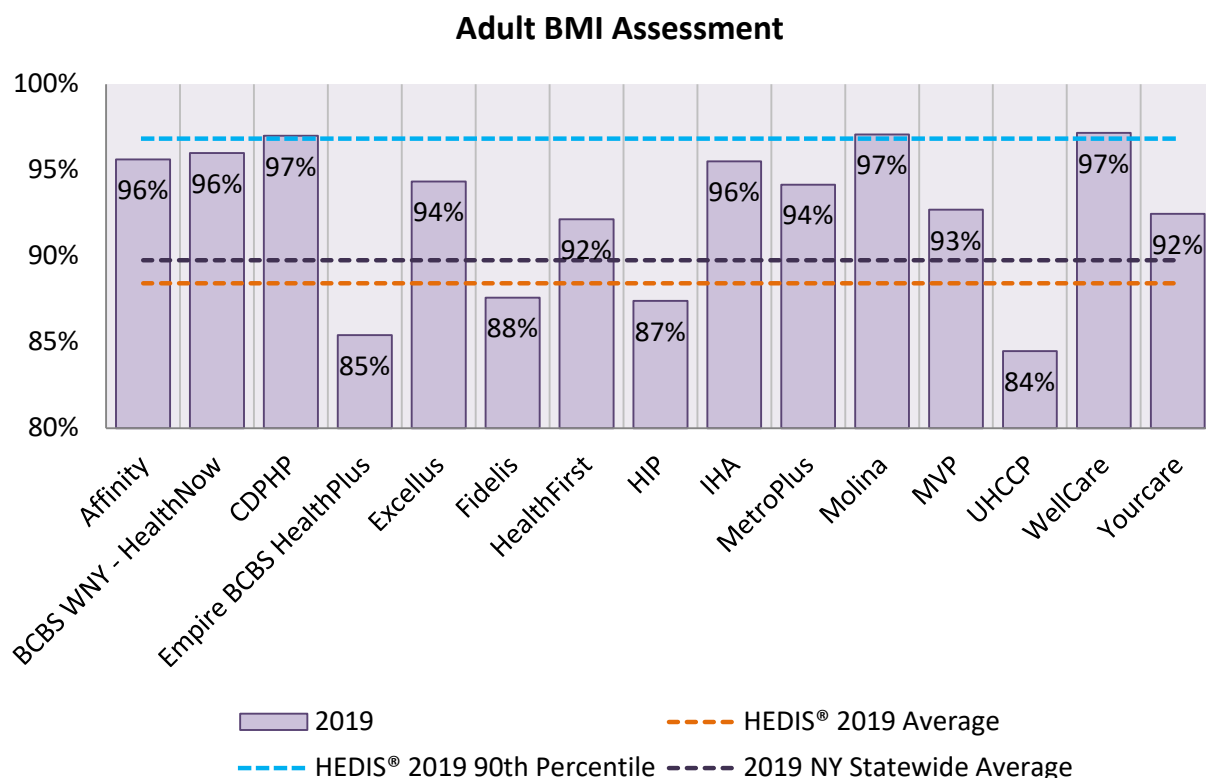
### *Effectiveness of Care: Preventive Care and Screenings*

General performance observations include:

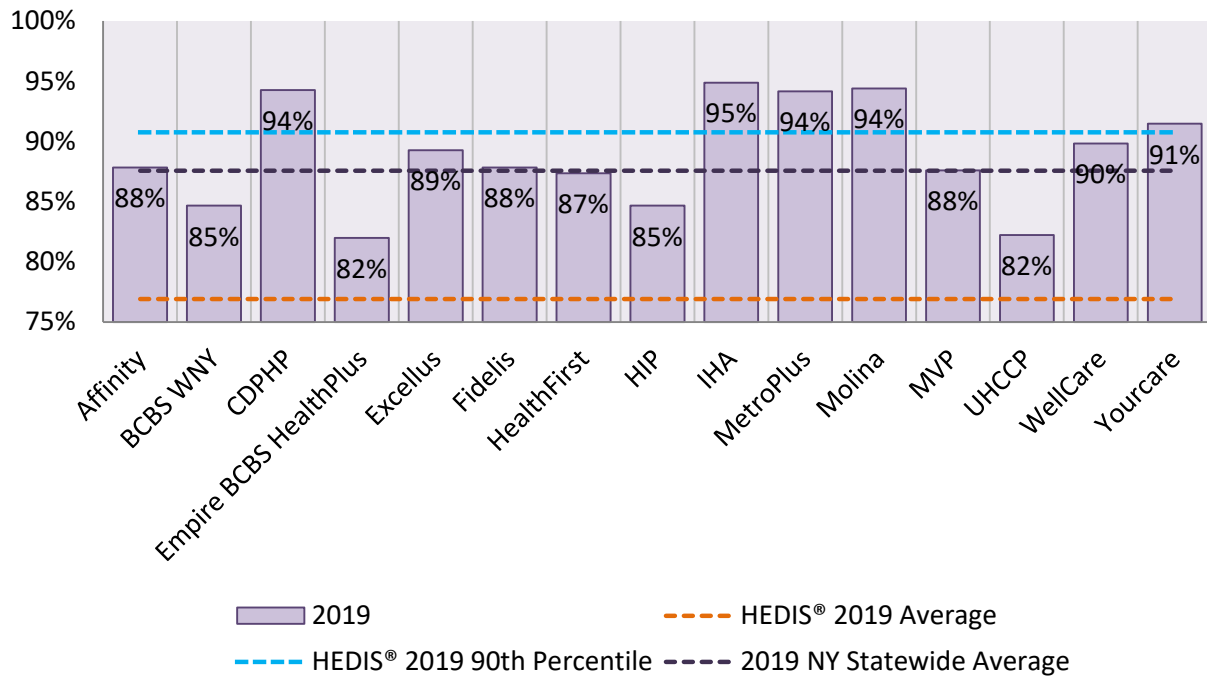
- **Adult Body Mass Index (BMI) Assessment** – Eleven (11) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 89% exceeded the national Medicaid average.
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:**
  - **BMI** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 88% exceeded the national Medicaid average.
  - **Nutrition** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 84% exceeded the national Medicaid average.
  - **Physical Activity** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Six (6) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 76% exceeded the national Medicaid average.
- **Childhood Immunization Combination 3** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 74% exceeded the national Medicaid average.
- **Immunizations for Adolescents Combination 2** – Eleven (11) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 45% exceeded the national Medicaid average.
- **Lead Screening** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Twelve (12) of the 15 MCPs exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 89% exceeded the national Medicaid average.
- **Breast Cancer Screening** – Fourteen (14) of 15 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 71% exceeded the national Medicaid average.
- **Colorectal Cancer Screening** – Four (4) of 15 MCPs reported a rate that exceeded the statewide average rate. *(Note: There are no national benchmarks available for this measure.)*

- **Chlamydia Screening** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 76% exceeded the national Medicaid average.
- **QARR Adolescent Preventive Care (APC) –**
  - **Alcohol and Other Drug Use** – Nine (9) of 15 MCPs reported a rate that exceeded the statewide average rate of 71%. *(Note: There are no national benchmarks available for this measure.)*
  - **Depression** – Ten (10) of 15 MCPs reported a rate that exceeded the statewide average rate of 68%. *(Note: There are no national benchmarks available for this measure.)*
  - **Sexual Activity** – Eight (8) of 15 MCPs reported a rate that exceeded the statewide average rate of 68%.
  - **Tobacco Use** – Ten (10) of 15 MCPs reported a rate that exceeded the statewide average rate of 75%. *(Note: There are no national benchmarks available for this measure.)*

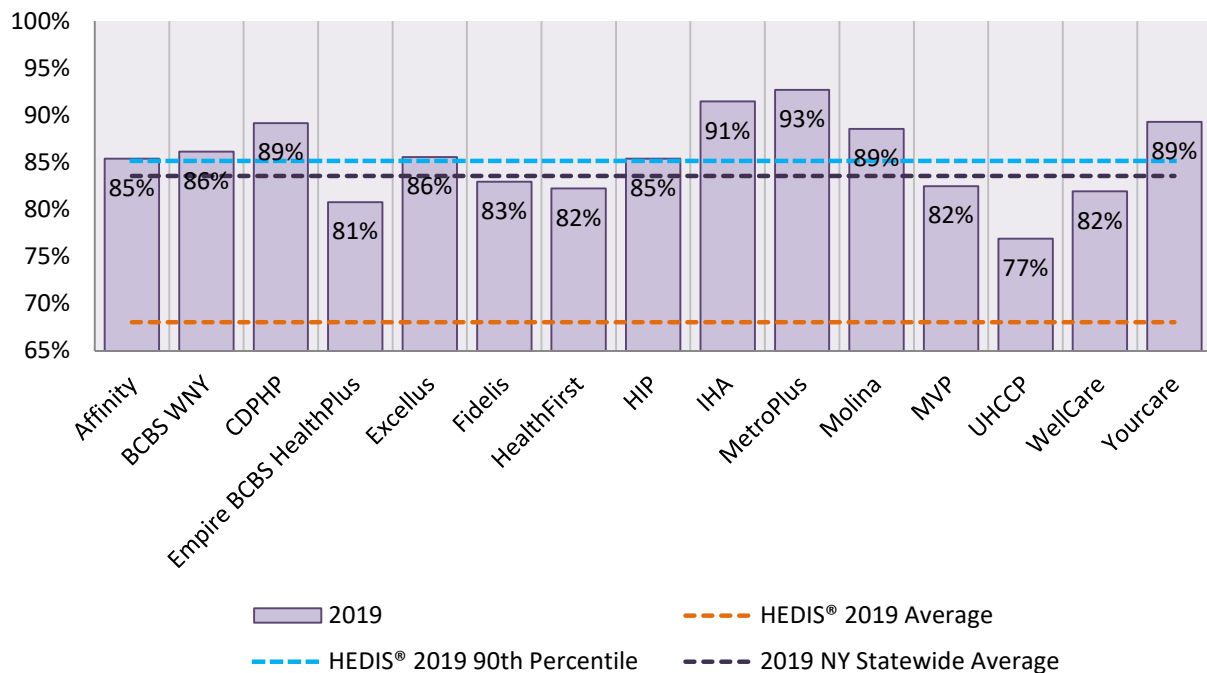
MCP and statewide performance on the effectiveness of care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90th percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.



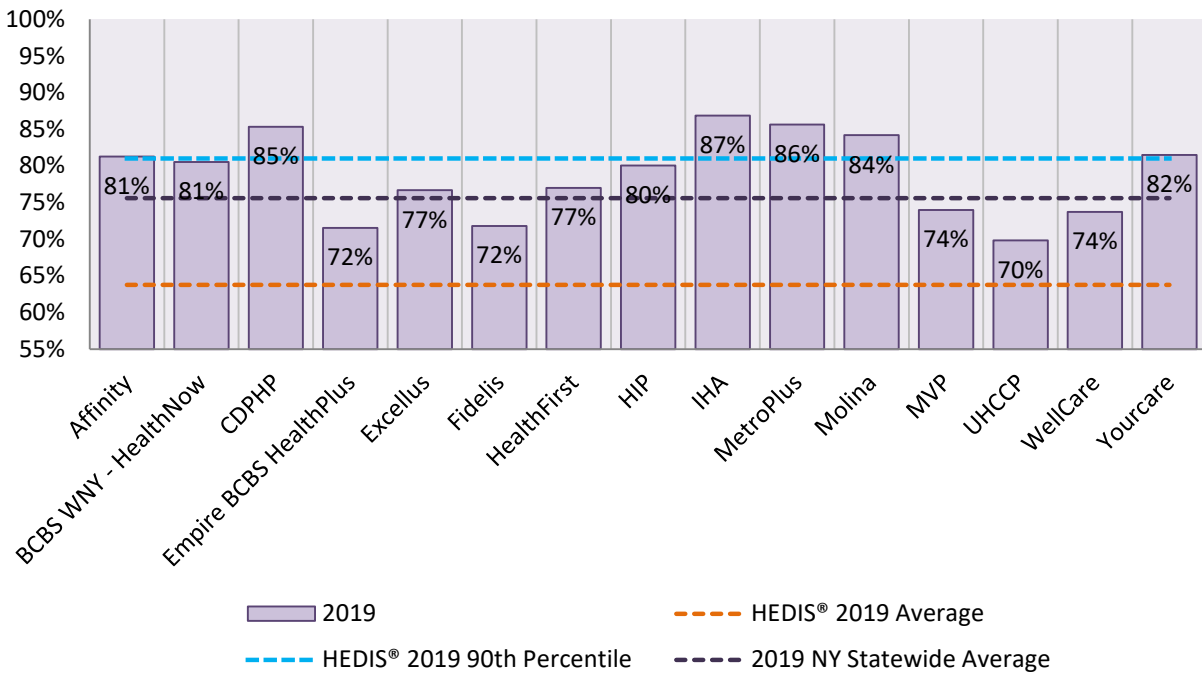
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI



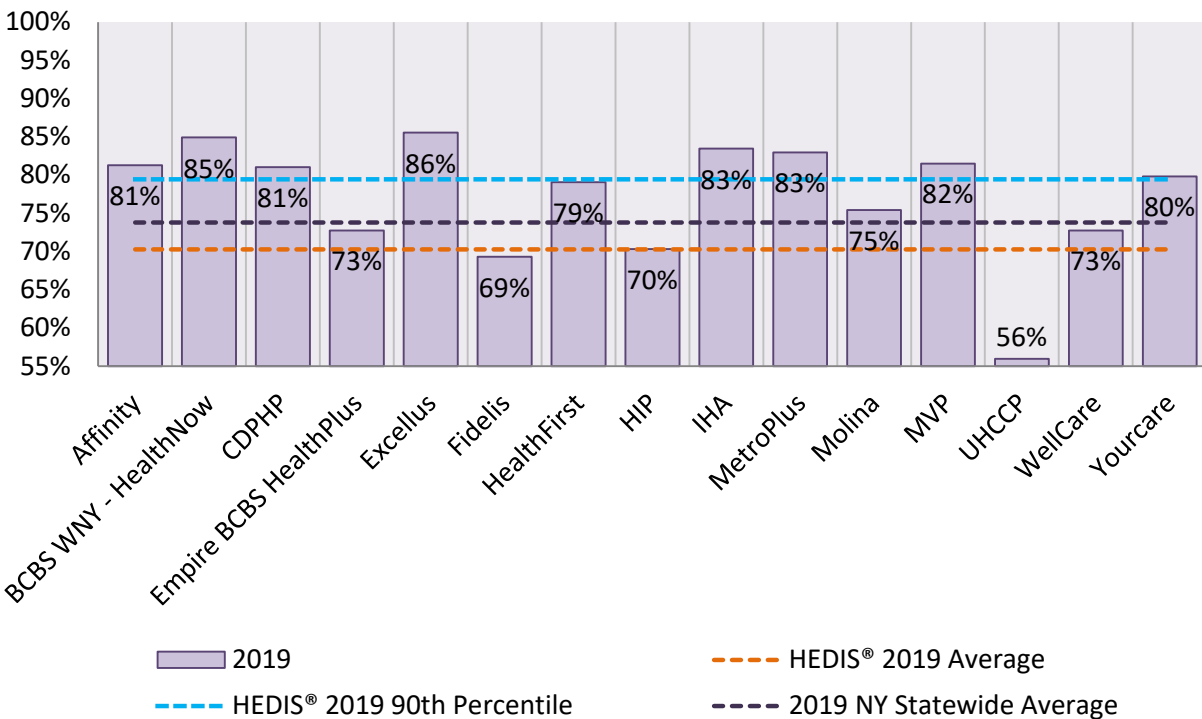
### Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Nutrition



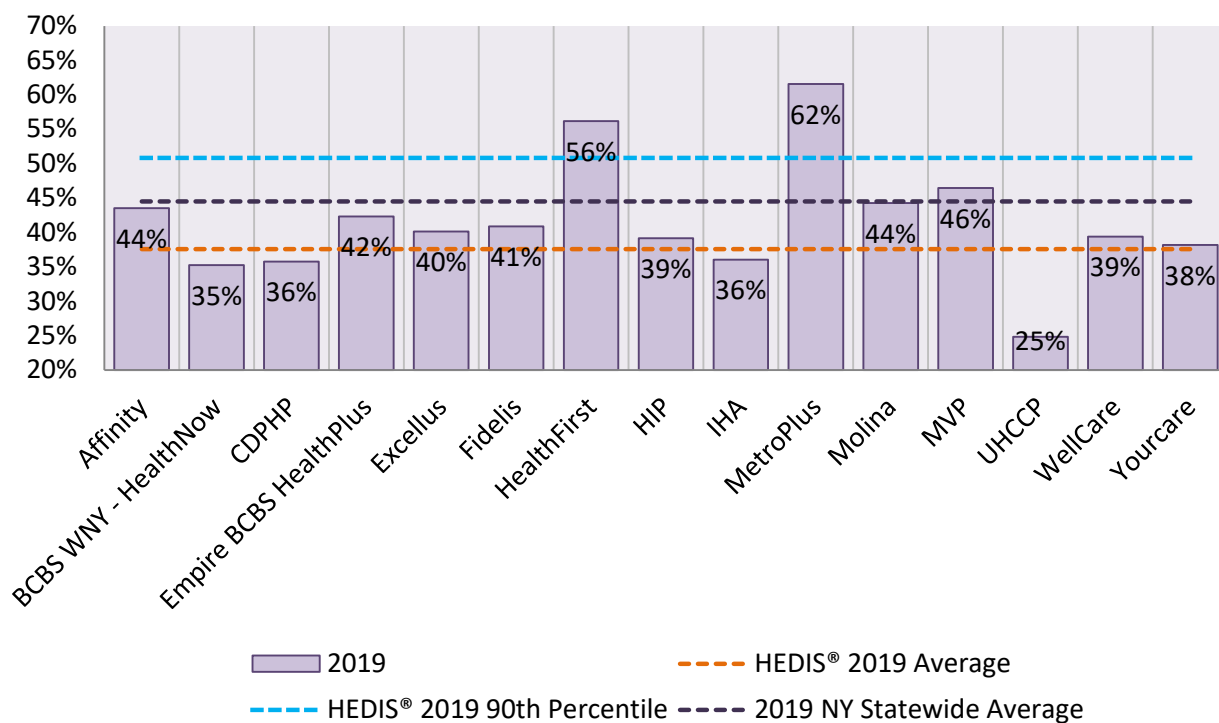
## Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Physical Activity



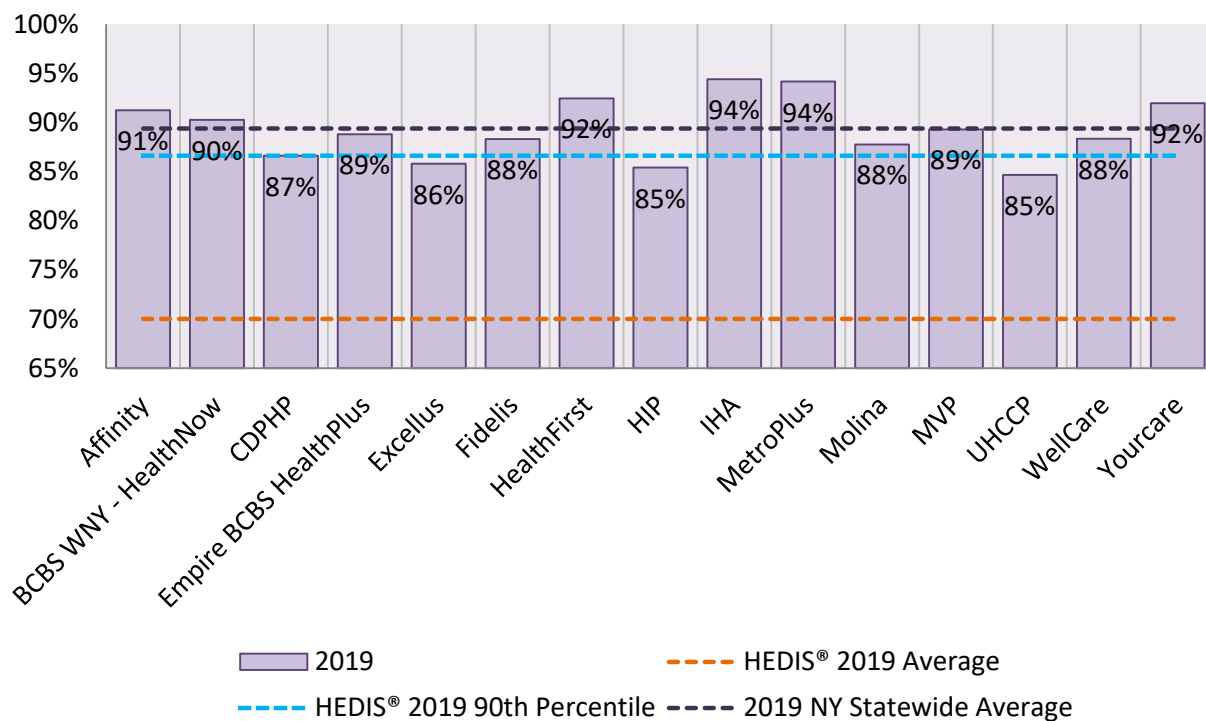
## Childhood Immunization Status—Combination 3



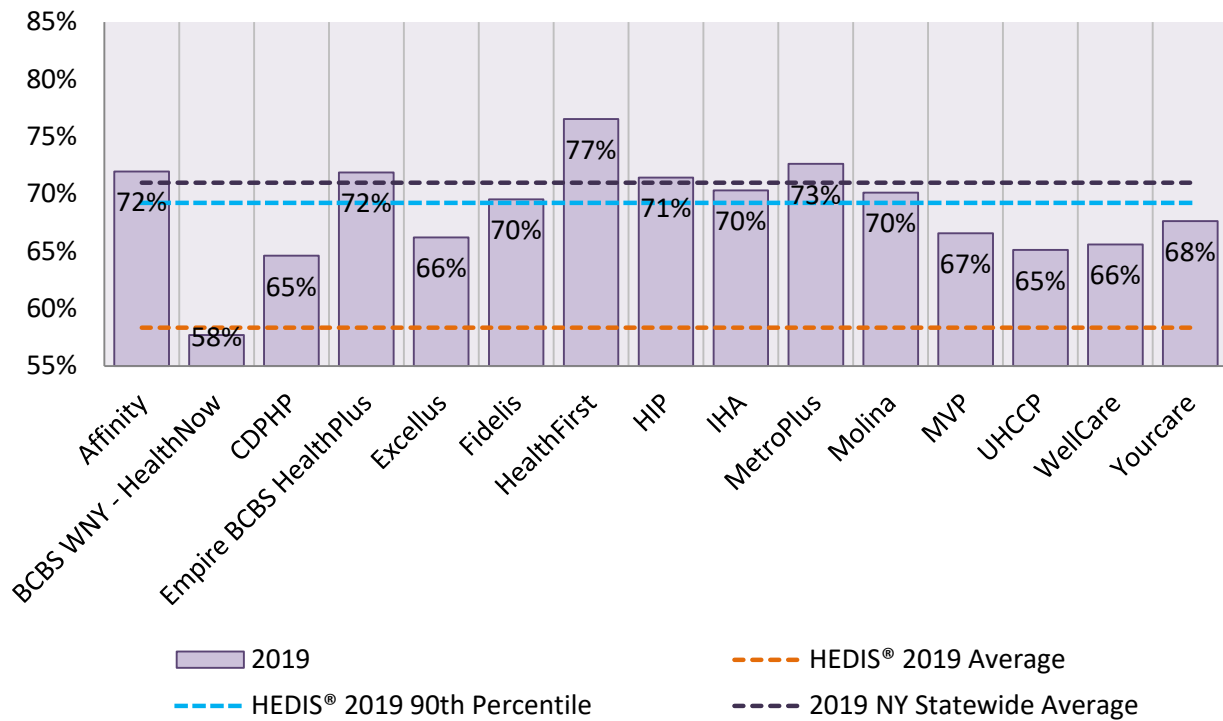
## Immunizations for Adolescents—Combination 2



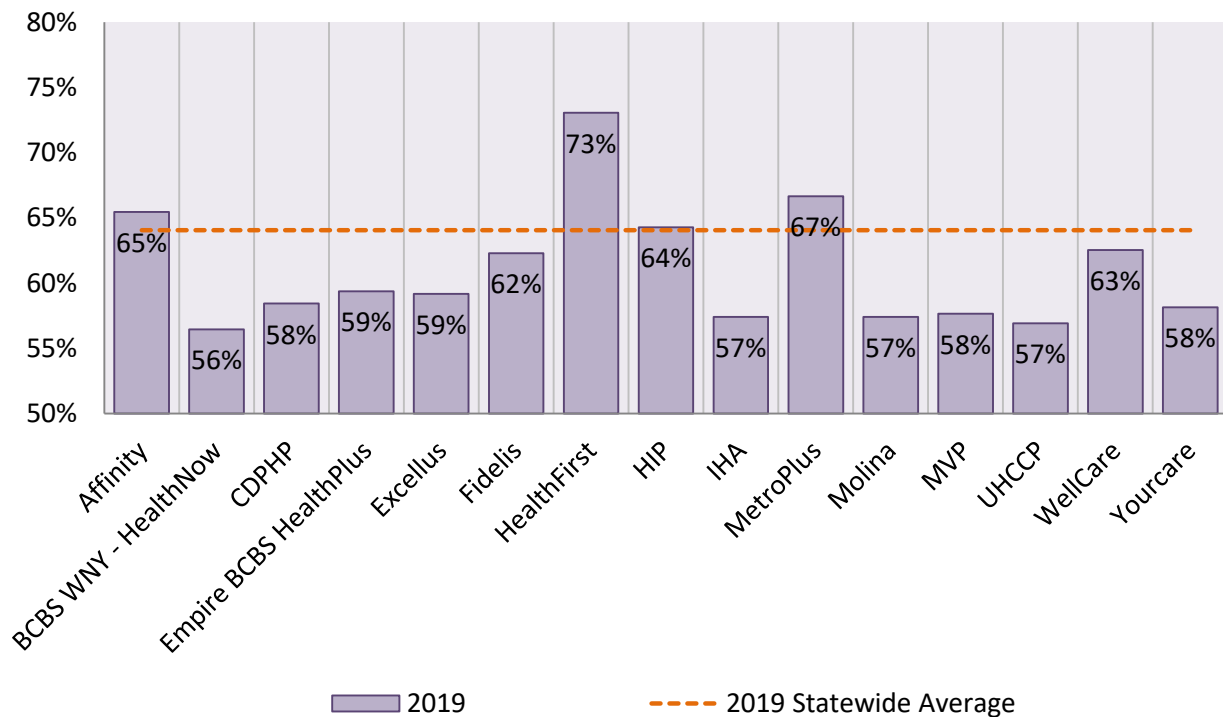
## Lead Screening in Children



### Breast Cancer Screening

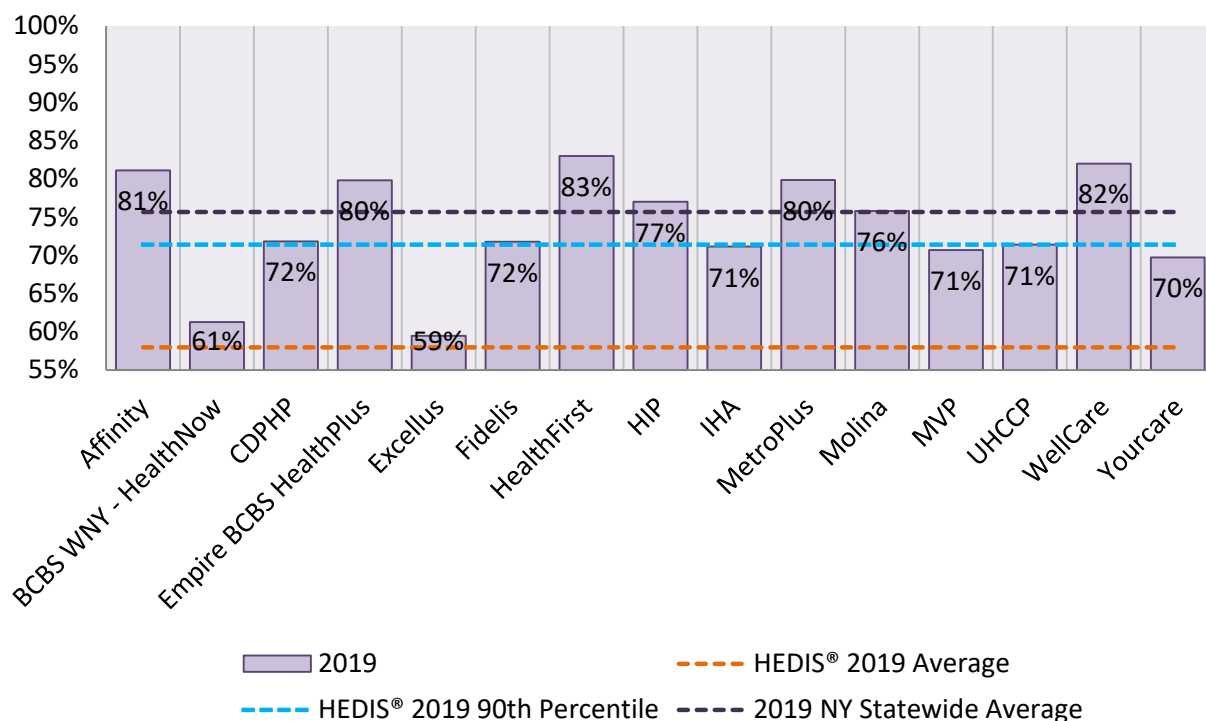


### Colorectal Cancer Screening

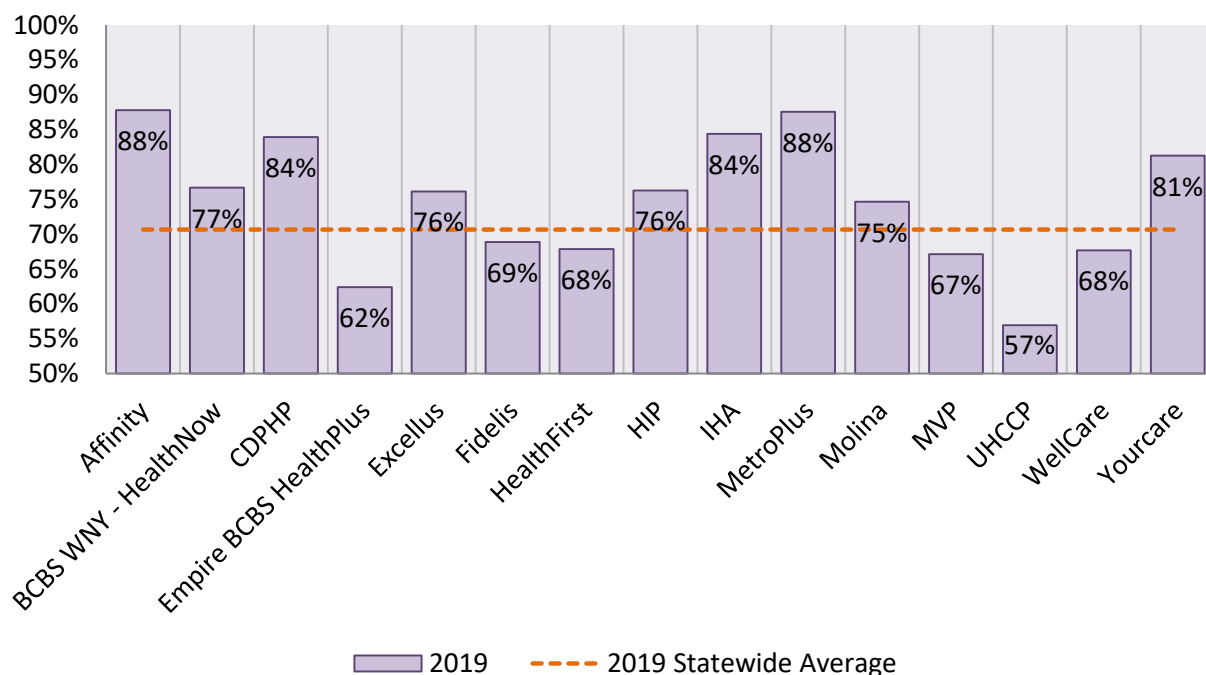




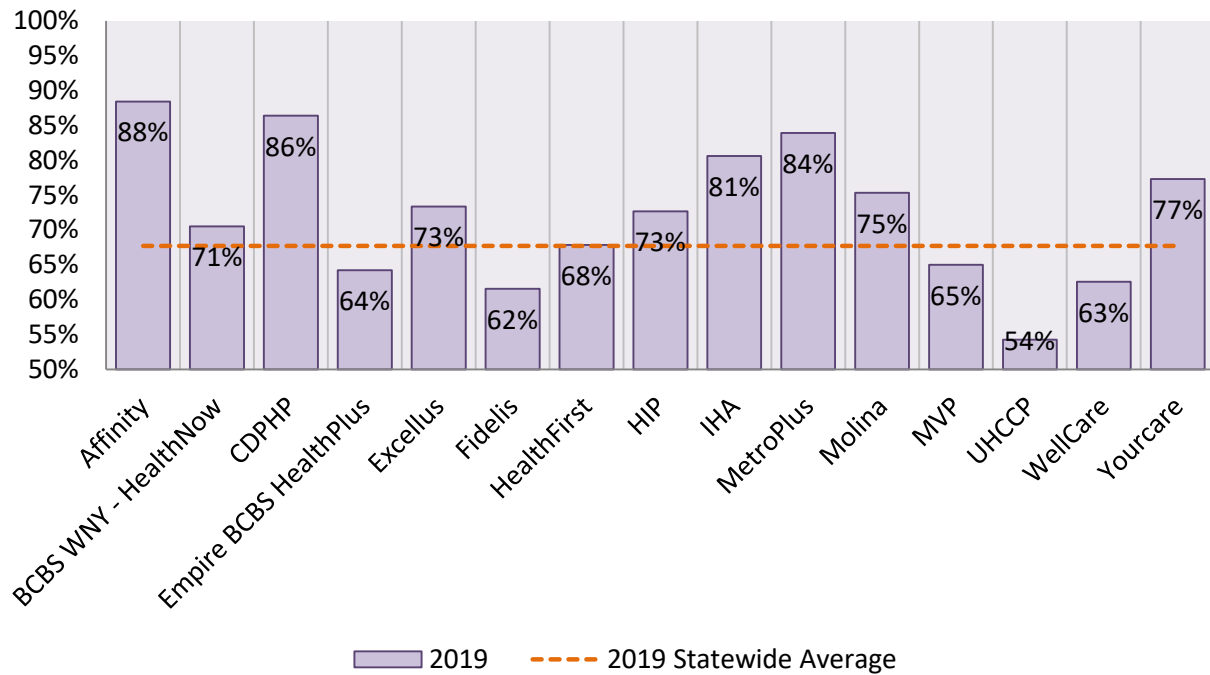
### Chlamydia Screening in Women



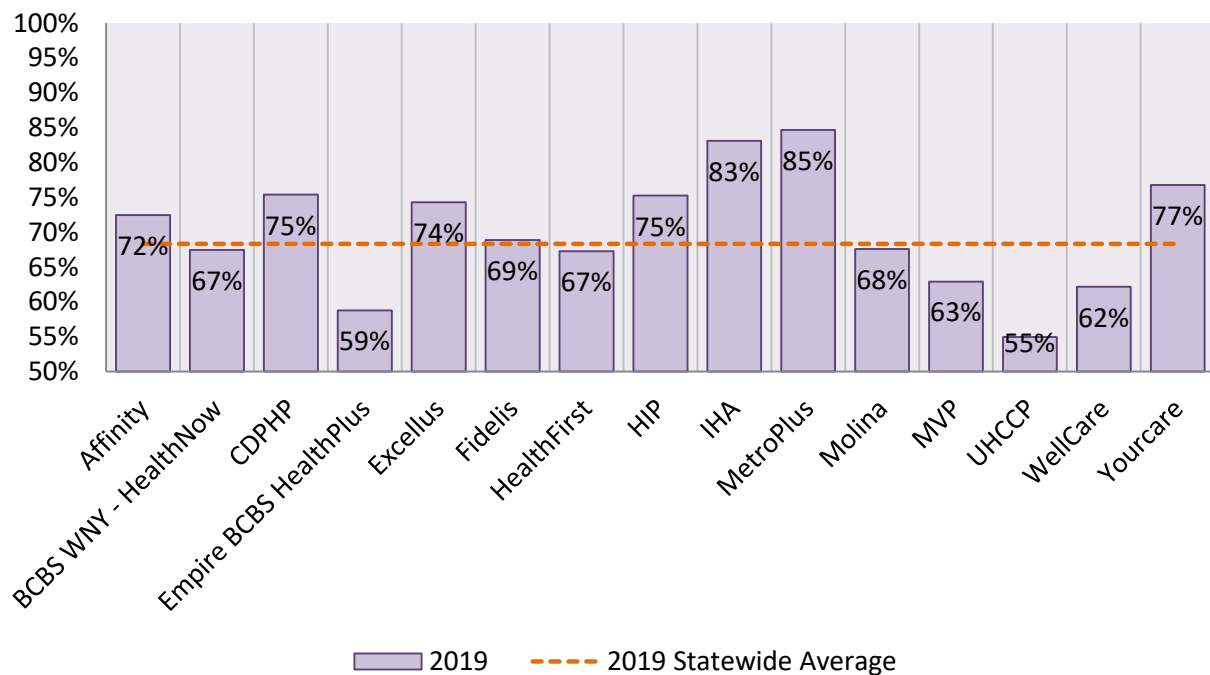
### Adolescent Preventive Care: Assessment, Counseling or Education - Alcohol and Other Drug Use



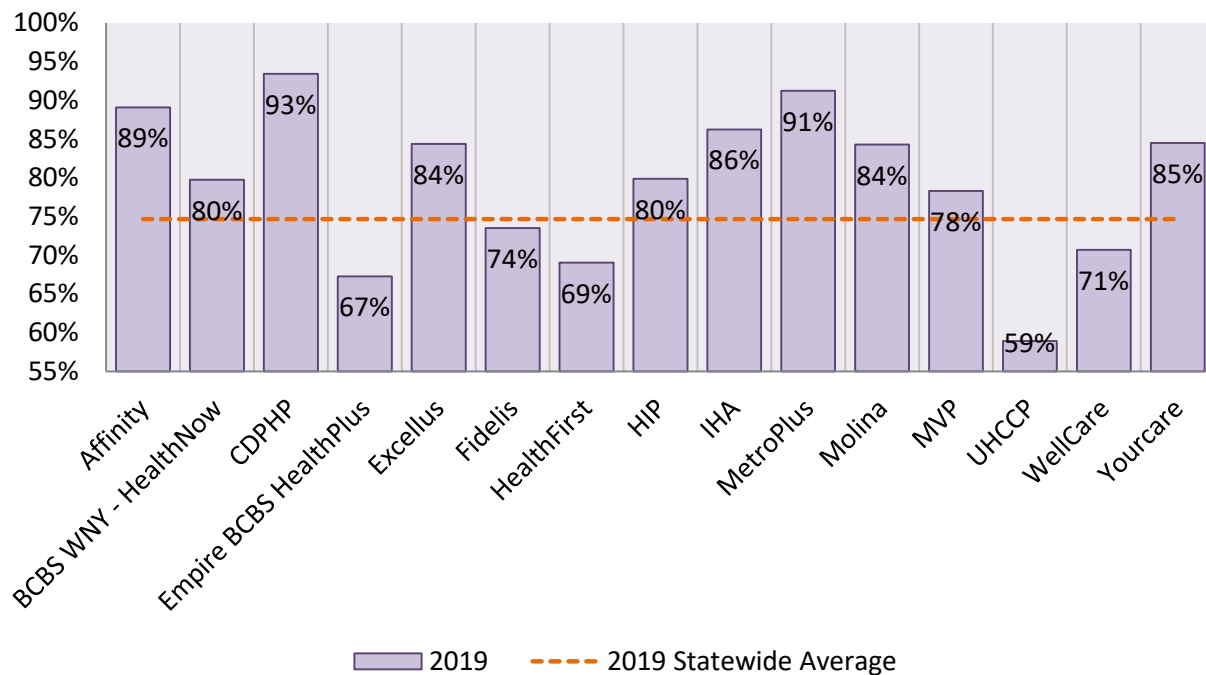
### Adolescent Preventive Care: Assessment, Counseling or Education - Depression



### Adolescent Preventive Care: Assessment, Counseling or Education - Sexual Activity



## Adolescent Preventive Care: Assessment, Counseling or Education - Tobacco Use



### Effectiveness of Care: Acute and Chronic Care

General observations include:

- **Appropriate Testing for Children with Pharyngitis** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 89% exceeded the national Medicaid average.
- **Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Eleven (11) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 52% exceeded the national Medicaid average.
- **Pharmacotherapy Management of COPD** –
  - **Bronchodilator** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 89% exceeded the national Medicaid average.
  - **Corticosteroid** – Twelve (12) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 76% exceeded the national Medicaid average.
- **Medication Management for Asthma 50% Days Covered**
  - **Ages 5-18** – Seven (7) of the 15 MCPs reported a rate that exceeded the statewide average rate of 60%. *(Note: There are no national benchmarks available for this measure.)*

- **Ages 19-64** – Seven (7) of the 15 MCPs reported a rate that exceeded the statewide average rate of 69%. *(Note: There are no national benchmarks available for this measure.)*
- **Asthma Medication Ratio (Ages 19-64)** – Five (5) of the 15 MCPs reported a rate that exceeded the statewide average rate of 57%. *(Note: There are no national benchmarks available for this measure.)*
- **Persistence of Beta-Blocker Treatment After a Heart Attack** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 87% exceeded the national Medicaid average. *(Note: Four (4) of the 15 MCPs had a sample size too small to report [less than 30 members] but they are included in the statewide average.)*
- **Comprehensive Diabetes Care** –
  - **HbA1c Testing** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 93% exceeded the national Medicaid average.
  - **HbA1c Control (<8%)** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 61% exceeded the national Medicaid average.
  - **Eye Exam** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 68% exceeded the national Medicaid average.
  - **Nephropathy Monitoring** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 93% exceeded the national Medicaid average.
  - **BP Controlled (<140/90)** – Eleven (11) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 67% exceeded the national Medicaid average.
- **Use of Imaging Studies for Low Back Pain** – Eleven (11) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Four (4) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 79% exceeded the national Medicaid average.
- **Appropriate Treatment for Children with Upper Respiratory Infection (URI)** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 94% exceeded the national Medicaid average.
- **Avoidance of Antibiotic Treatment in Adults (18-64) with Acute Bronchitis** – Seven (7) of the 15 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 37% did not meet the national Medicaid average.
- **Flu Vaccinations for Adults Ages (18-64)** – Nine (9) of the 15 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 46% exceeded the national Medicaid average.
- **Advising Smokers to Quit** – Nine (9) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Seven (7) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile.

The statewide average rate of 79% exceeded the national Medicaid average. (Note: Four (4) of the 15 MCPs had a sample size too small to report [less than 30 members] but they are included in the statewide average.)

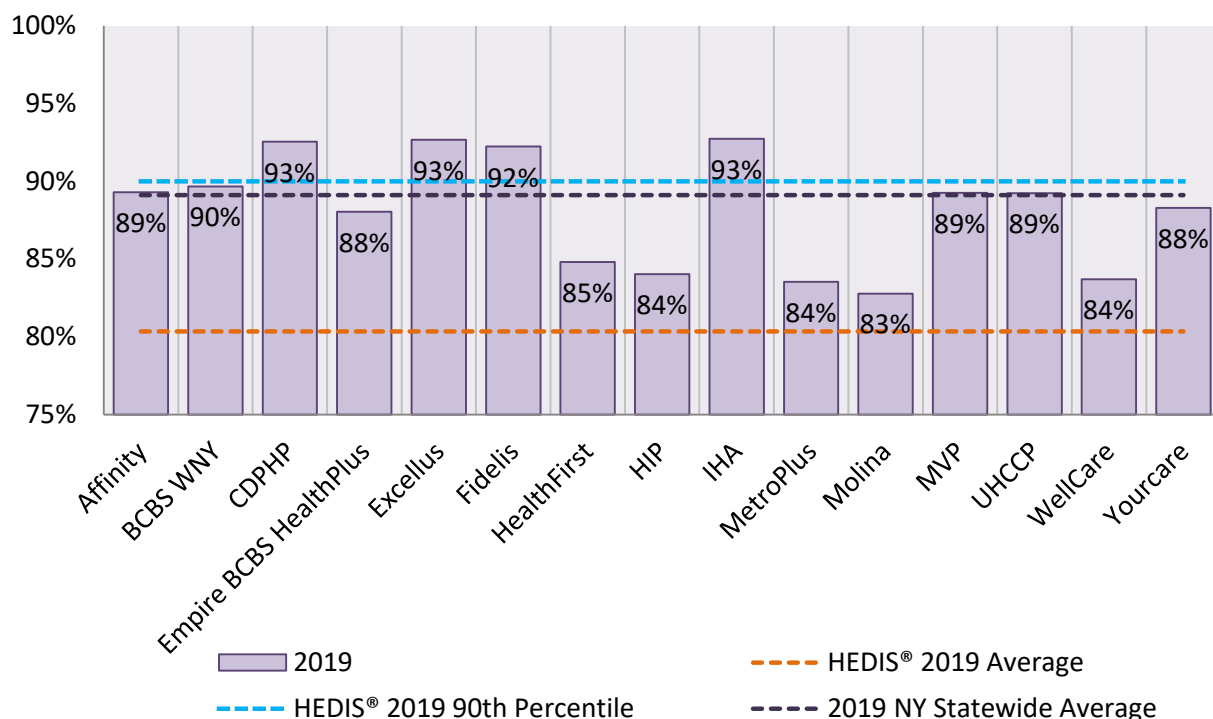
▪ **Discussing Cessation**

- **Medications** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 62% exceeded the national Medicaid average. (Note: Four (4) of the 15 MCPs had a sample size too small to report [less than 30 members] but they are included in the statewide average.)
- **Strategies** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 56% exceeded the national Medicaid average. (Note: Four (4) of the 15 MCPs had a sample size too small to report [less than 30 members] but they are included in the statewide average.)

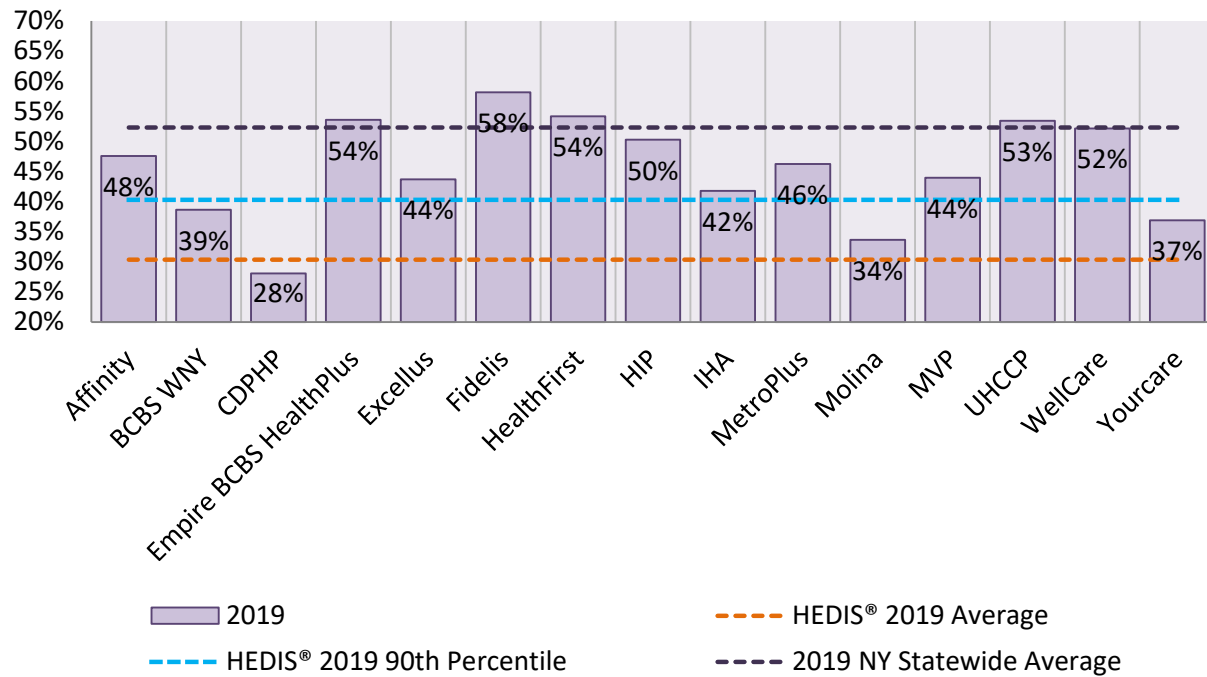
- **HIV Viral Load Suppression** – Eleven (11) of the 15 MCPs reported a rate that exceeded the national Medicaid average. All of the MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 78% exceeded the national Medicaid average.

MCP and statewide performance on the acute and chronic care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90<sup>th</sup> percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.

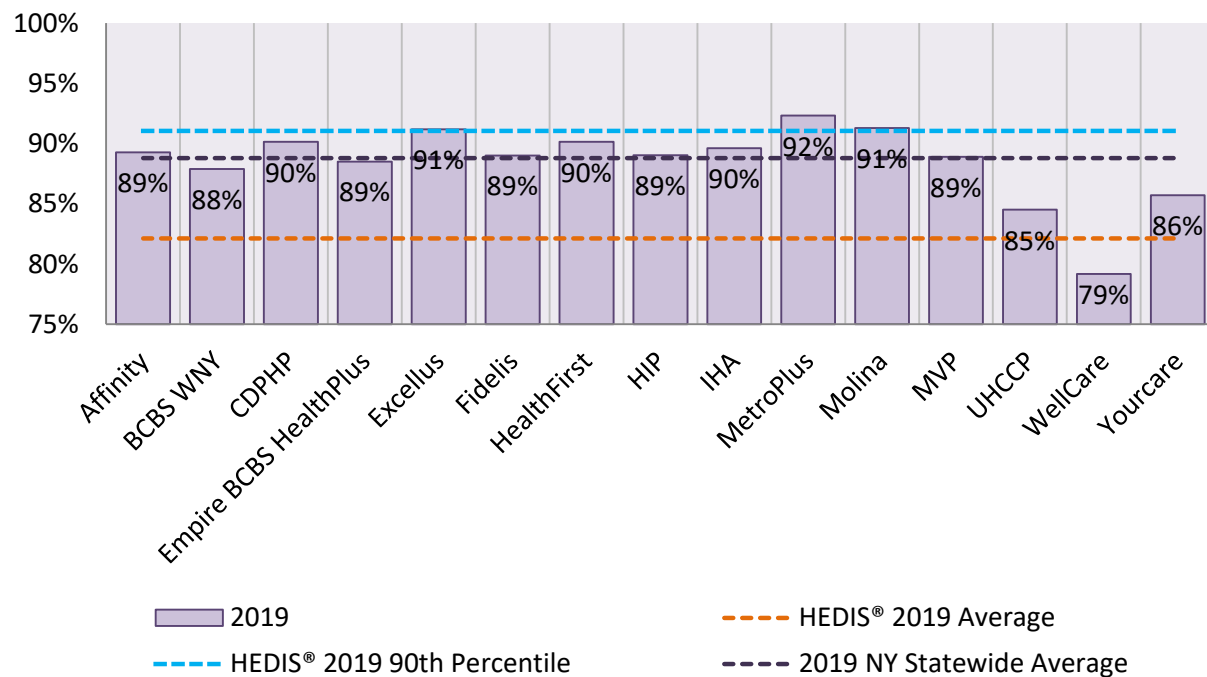
### Appropriate Testing for Children with Pharyngitis



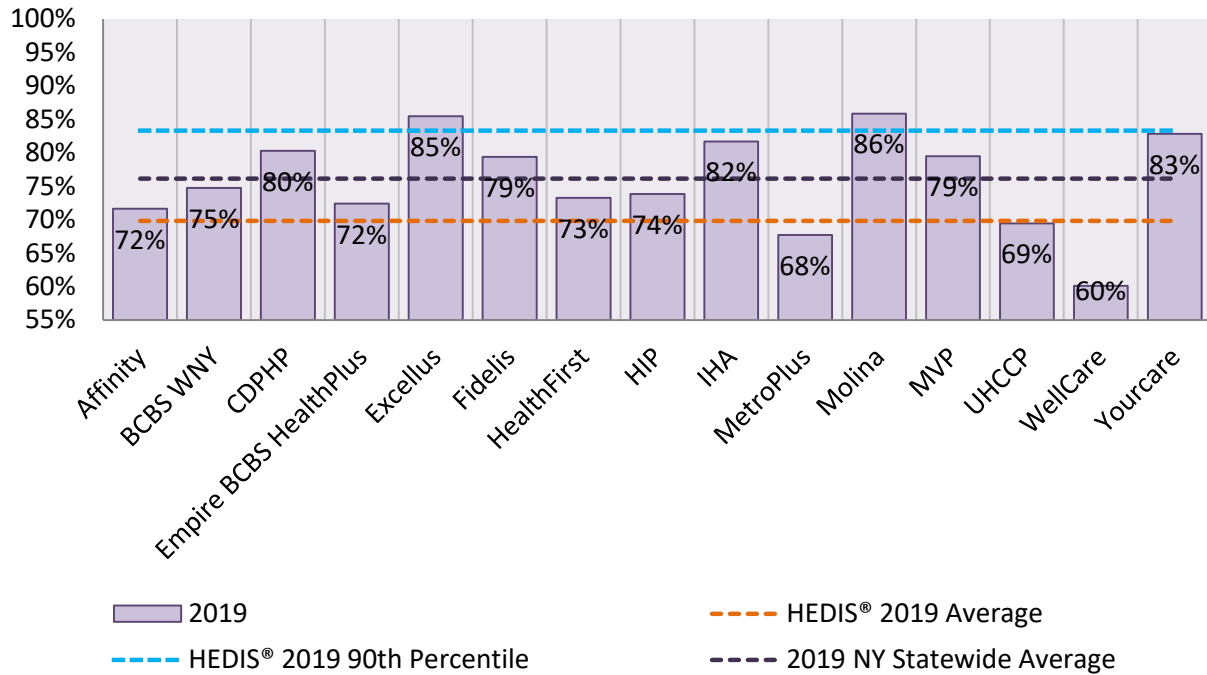
## Use of Spirometry Testing in the Assessment and Diagnosis of COPD



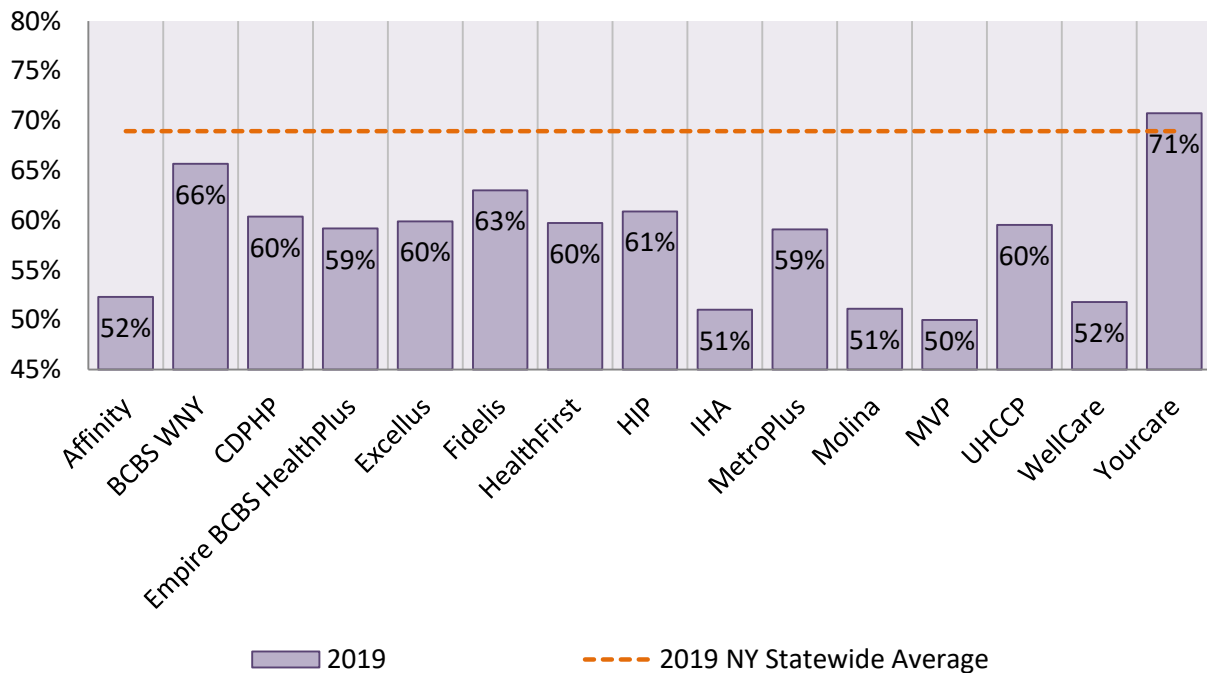
## Pharmacotherapy Management of COPD Exacerbation - Bronchodilator



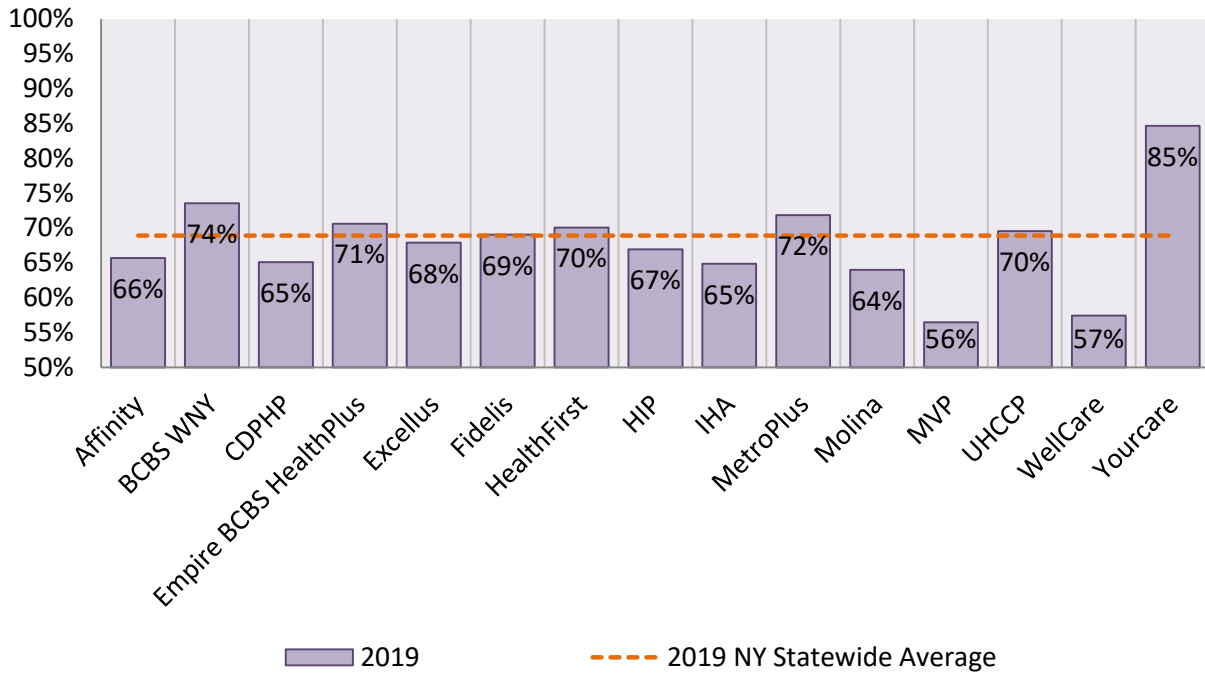
### Pharmacotherapy Management of COPD Exacerbation - Corticosteroid



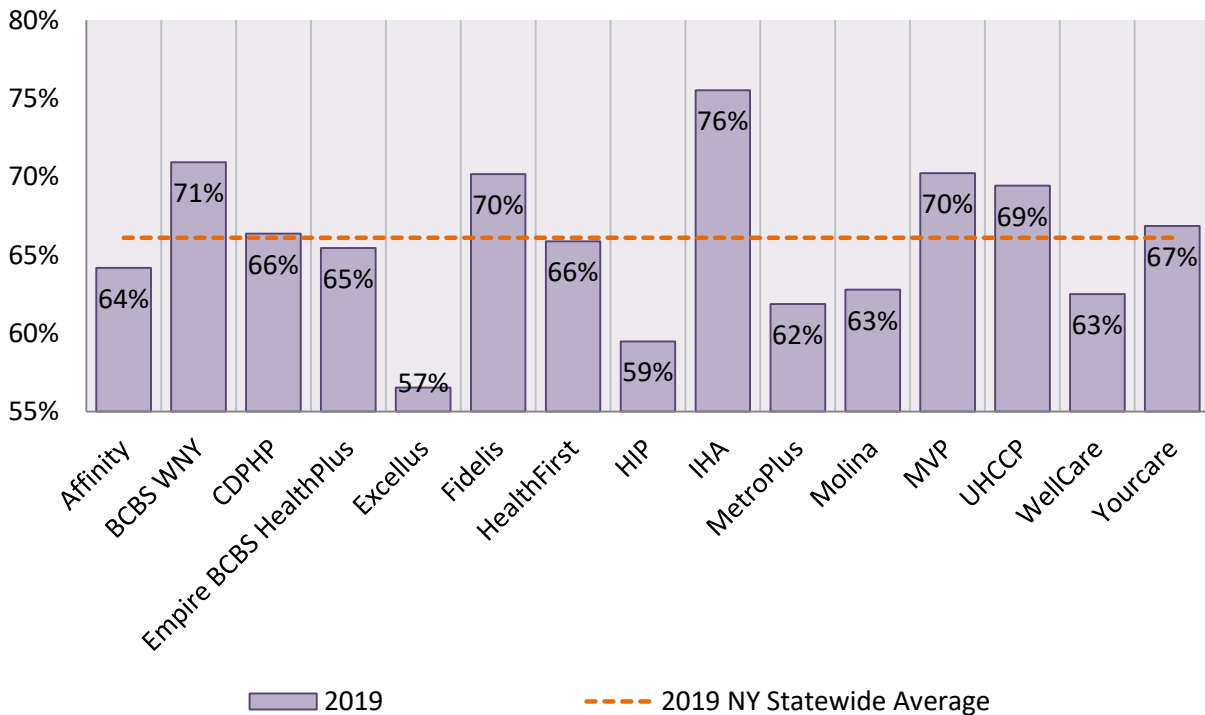
### Medication Management for People with Asthma 50% Days Covered (Ages 5-18)



### Medication Management for People with Asthma 50% Days Covered (Ages 19-64)

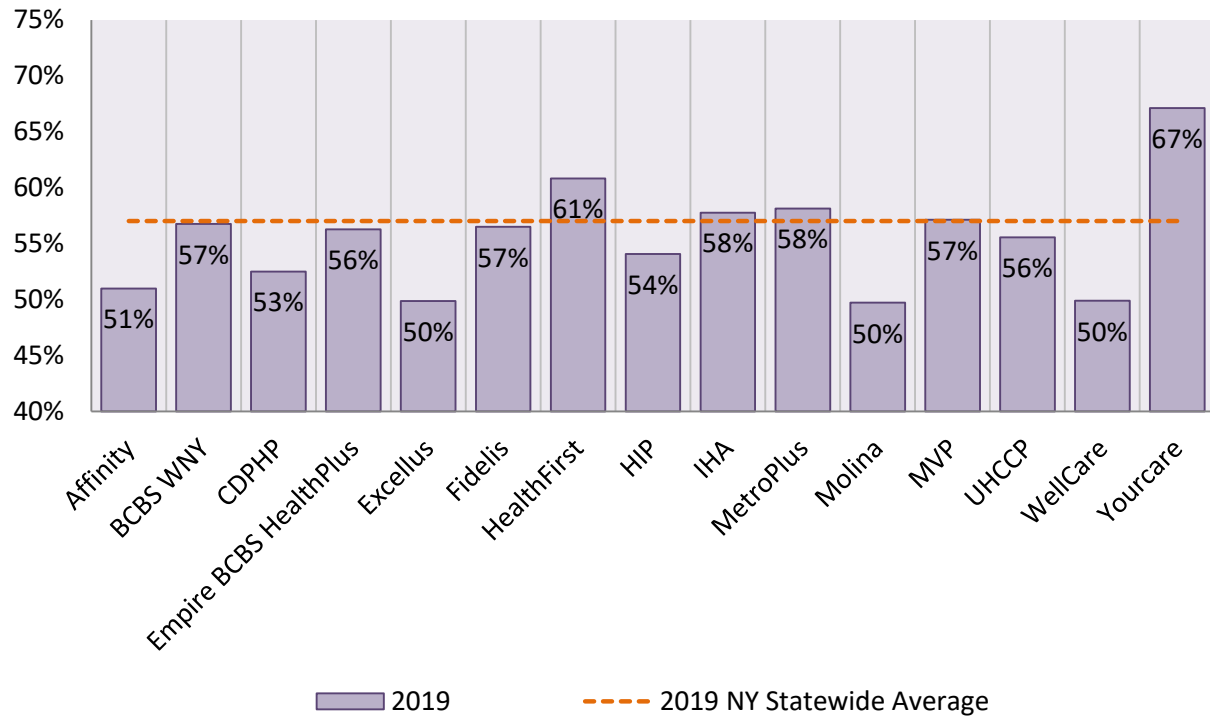


### Asthma Medication Ratio (Ages 5-18)

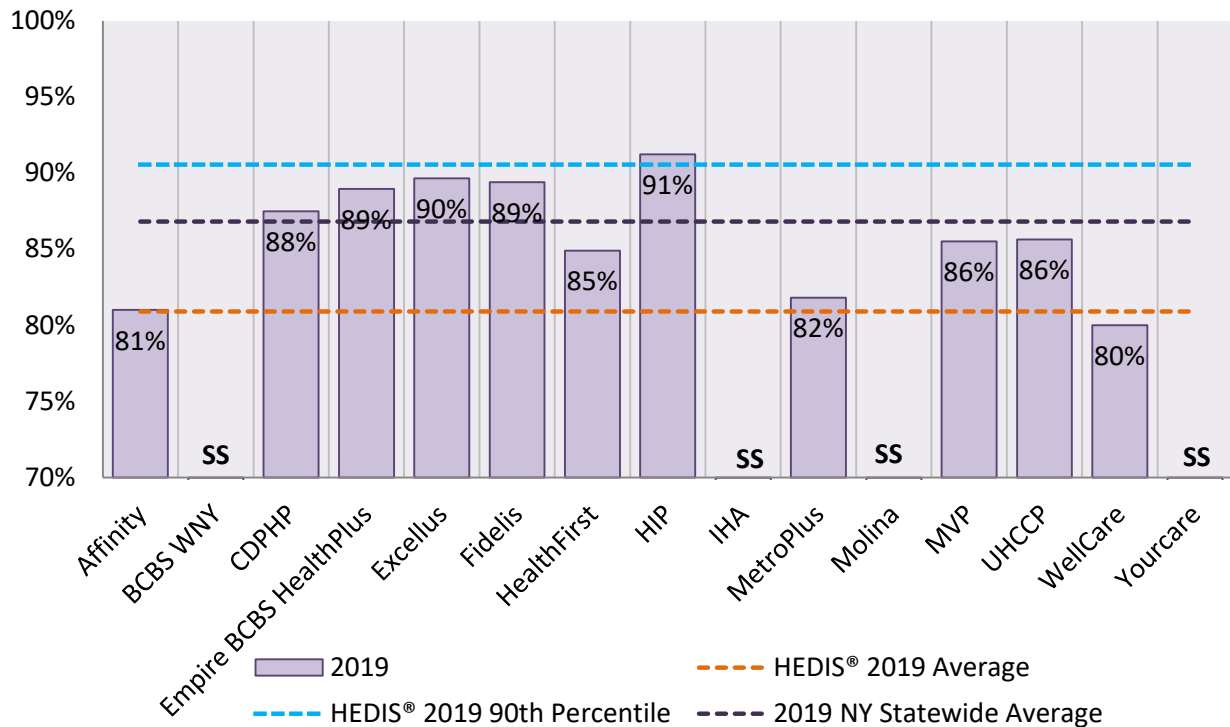




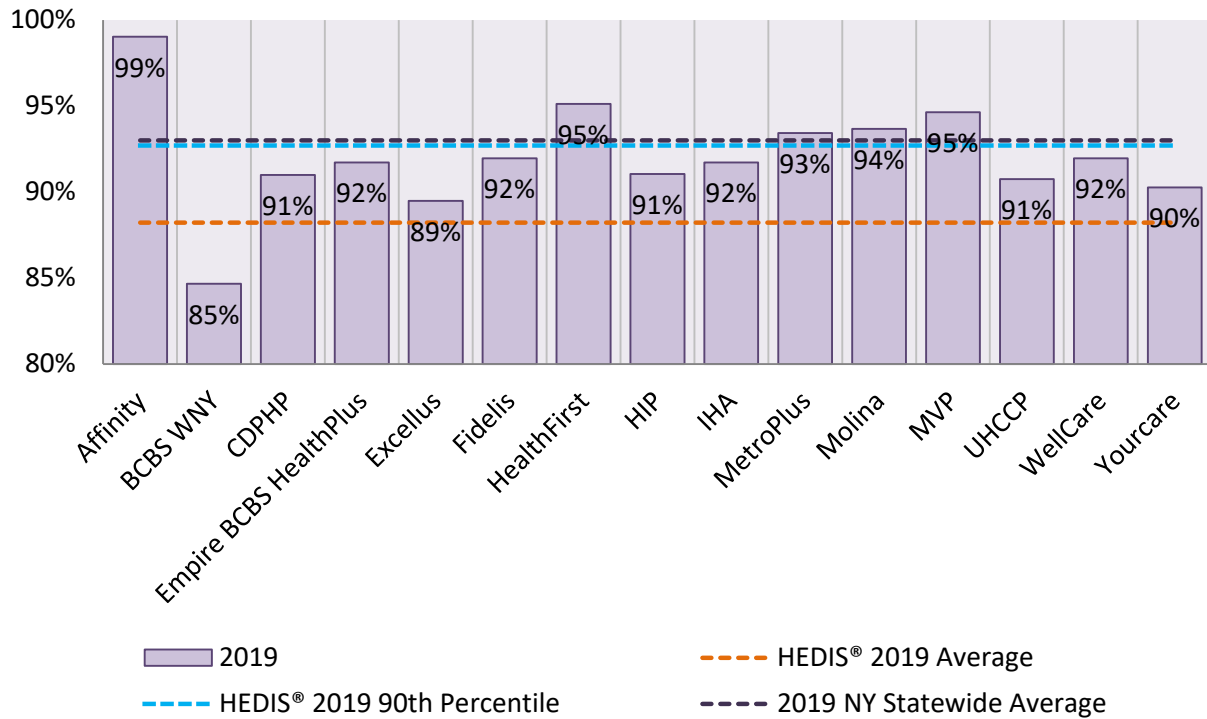
### Asthma Medication Ratio (Ages 19-64)



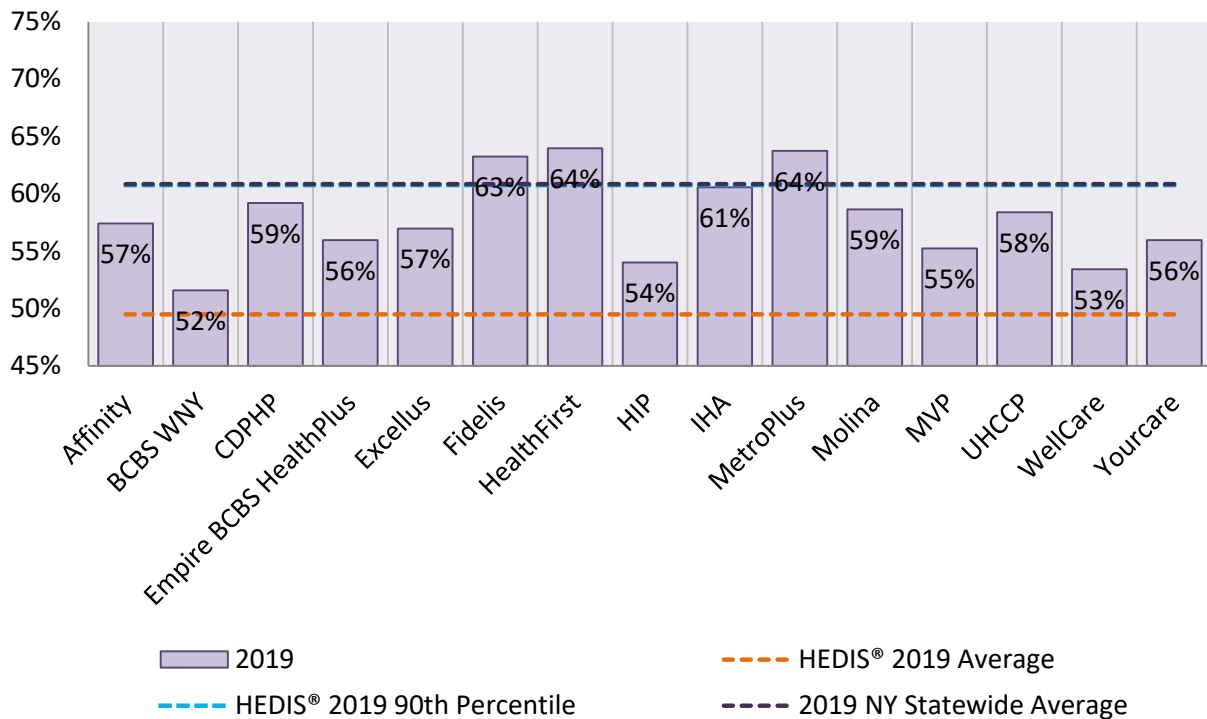
### Persistence of Beta-Blocker Treatment After a Heart Attack



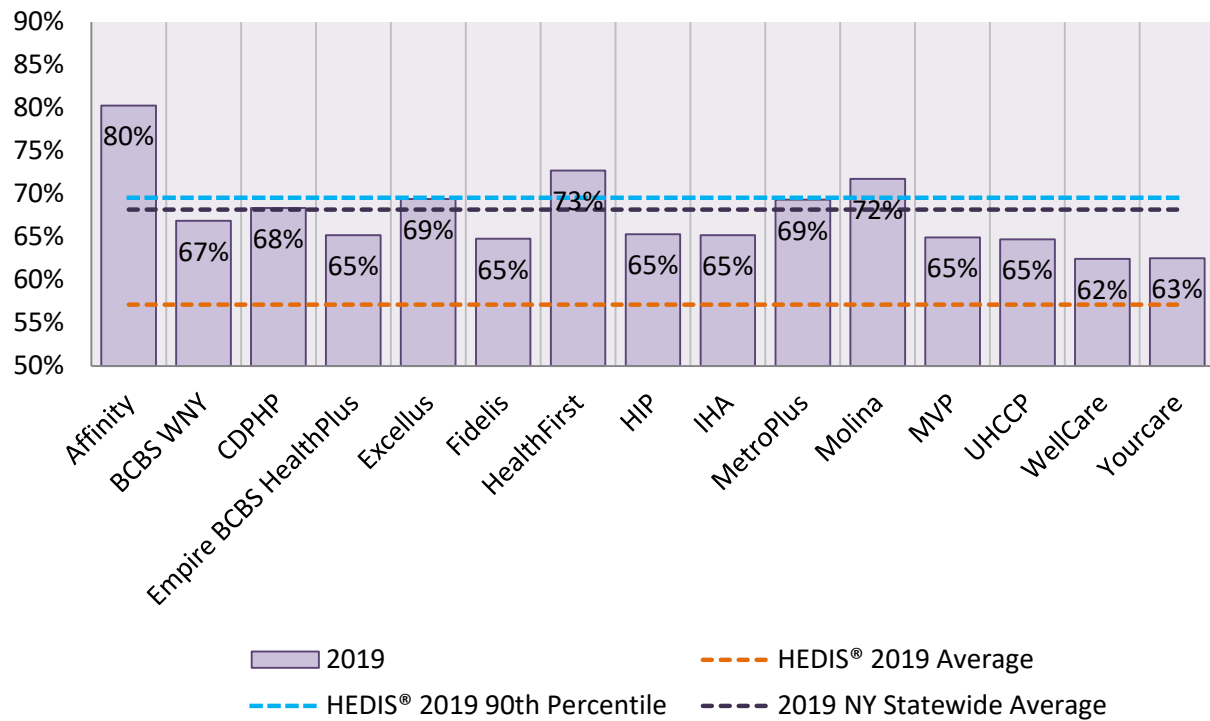
### Comprehensive Diabetes Care - HbA1c Testing



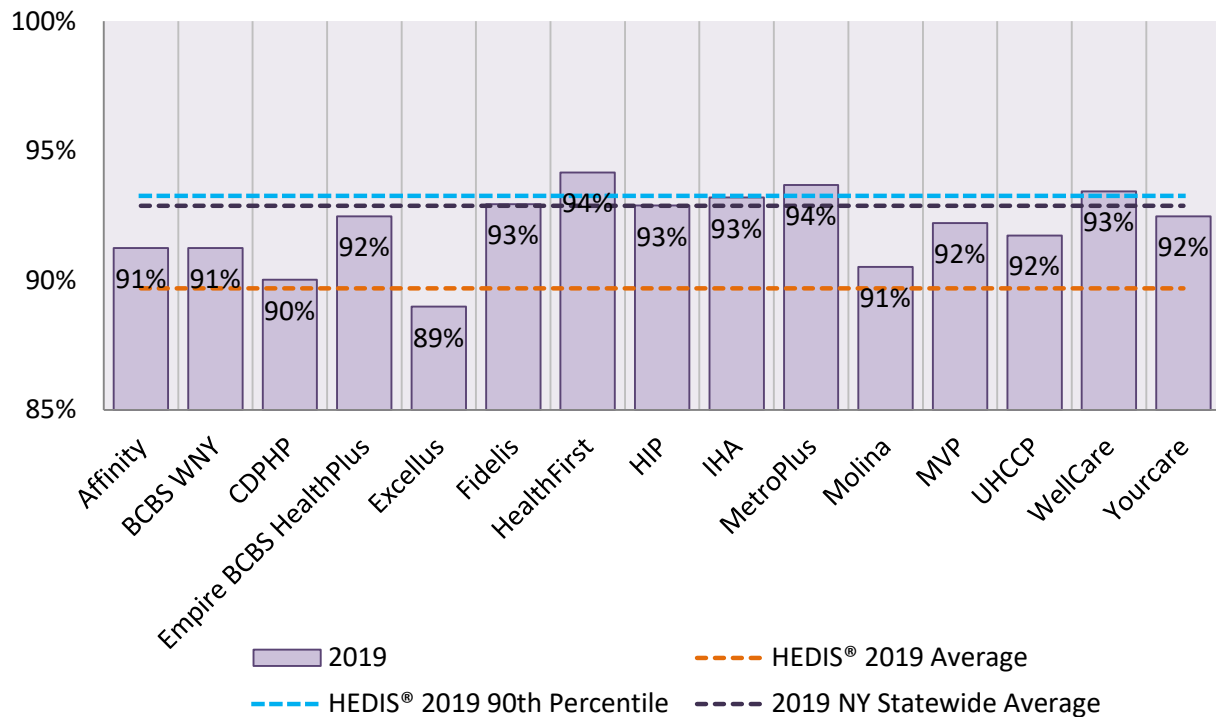
### Comprehensive Diabetes Care - HbA1c Control (<8%)



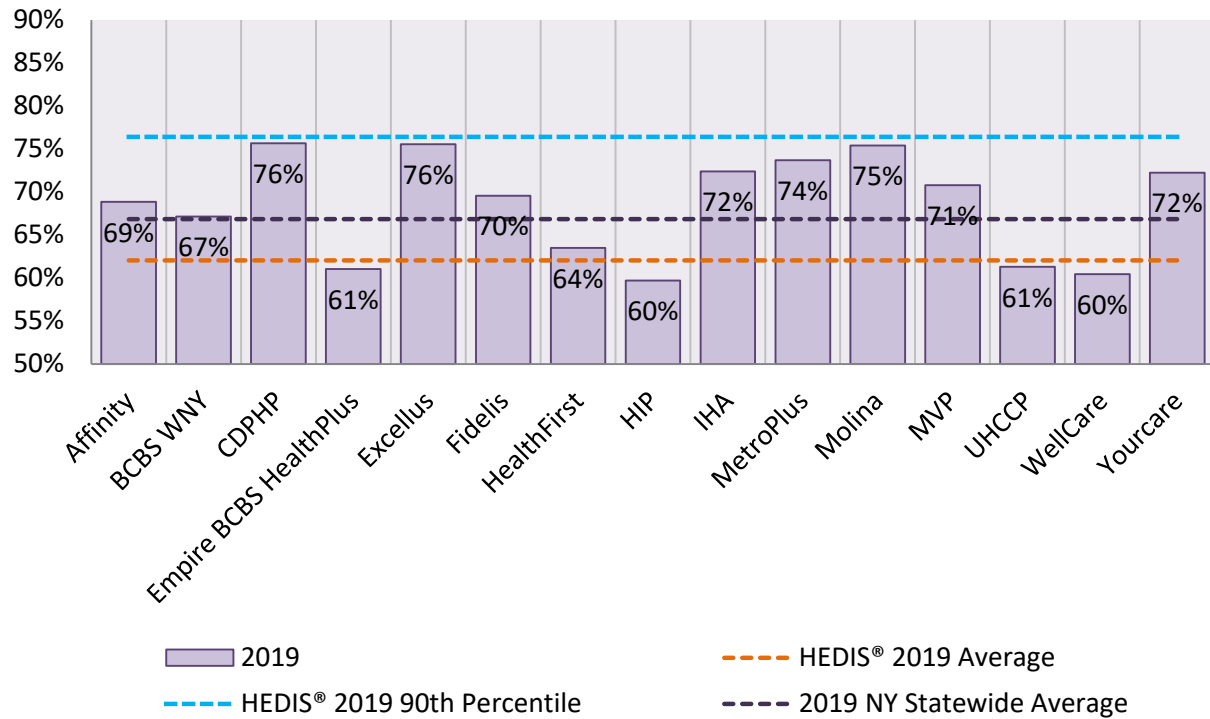
### Comprehensive Diabetes Care - Eye Exam



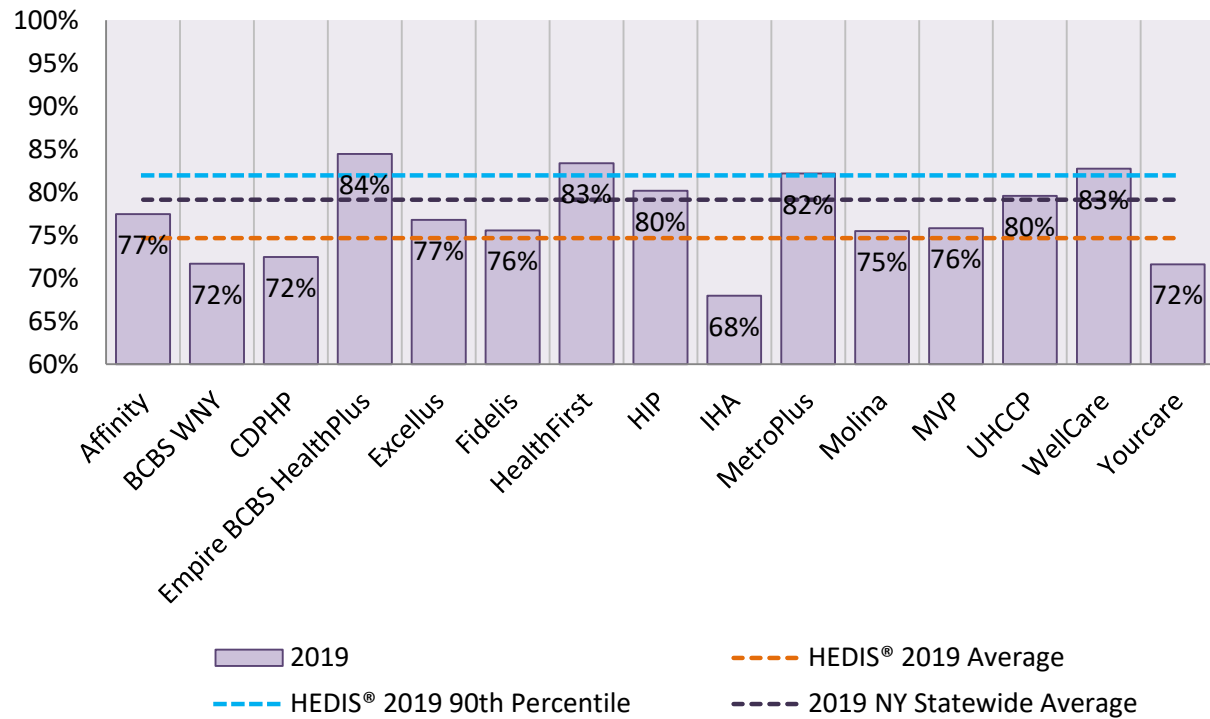
### Comprehensive Diabetes Care - Nephropathy Monitoring



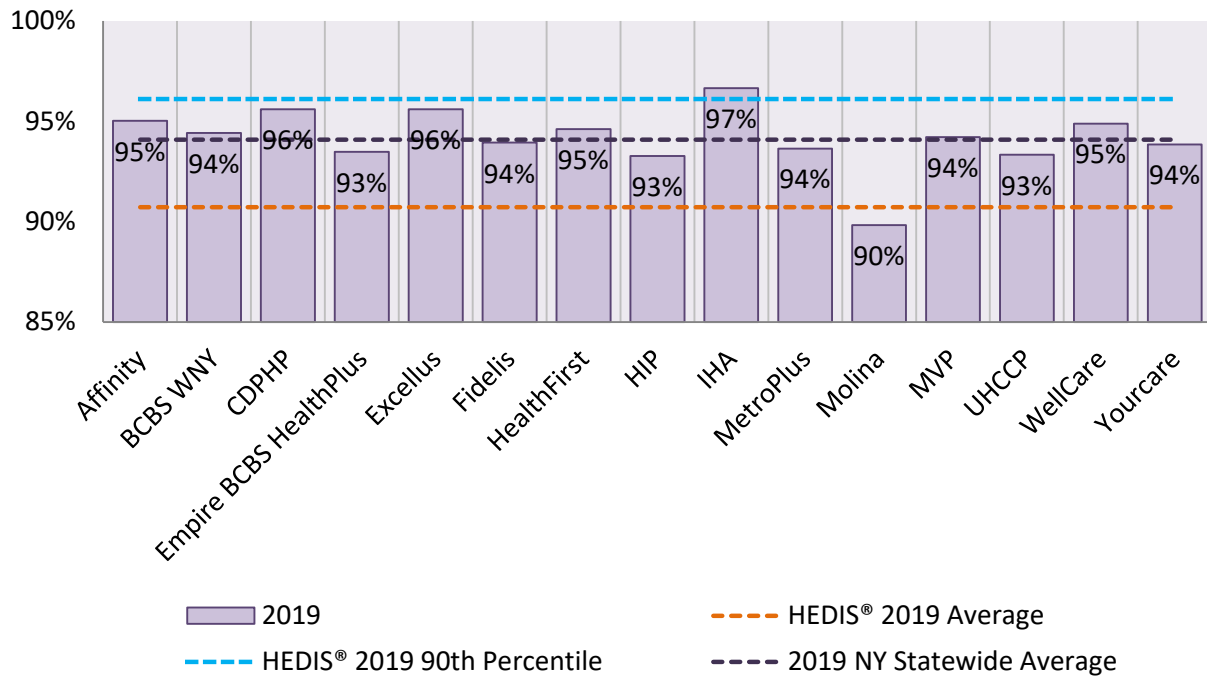
### Comprehensive Diabetes Care - BP Controlled (<140/90)



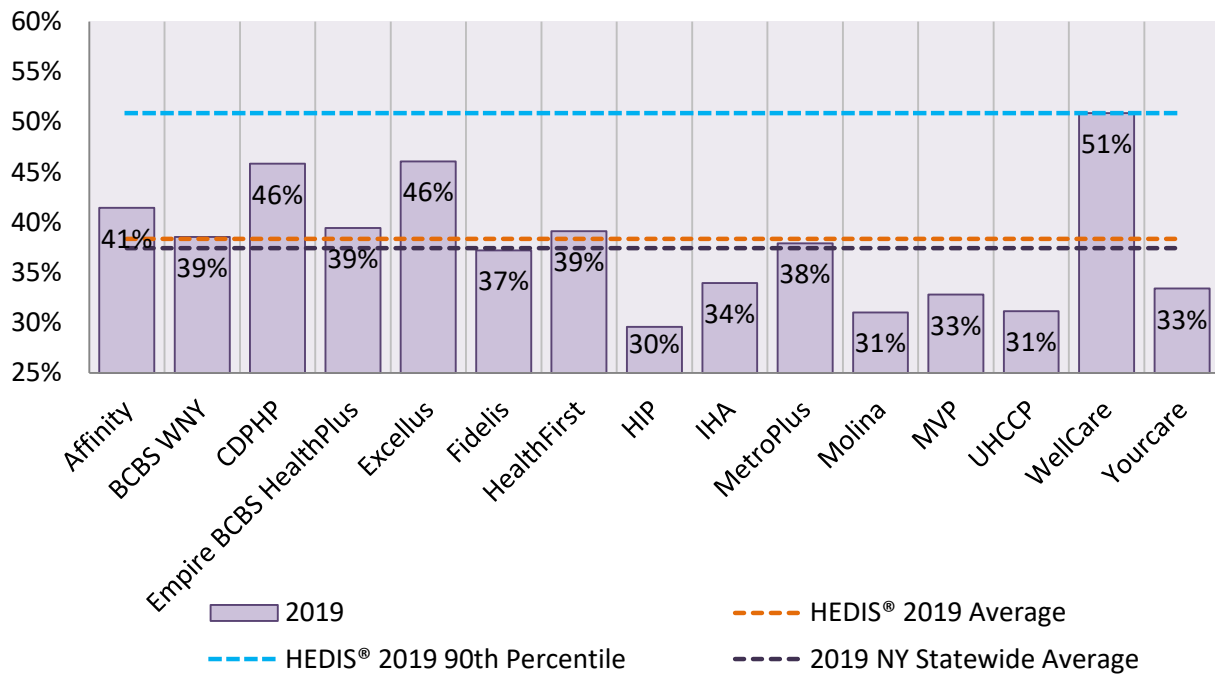
### Use of Imaging Studies for Low Back Pain



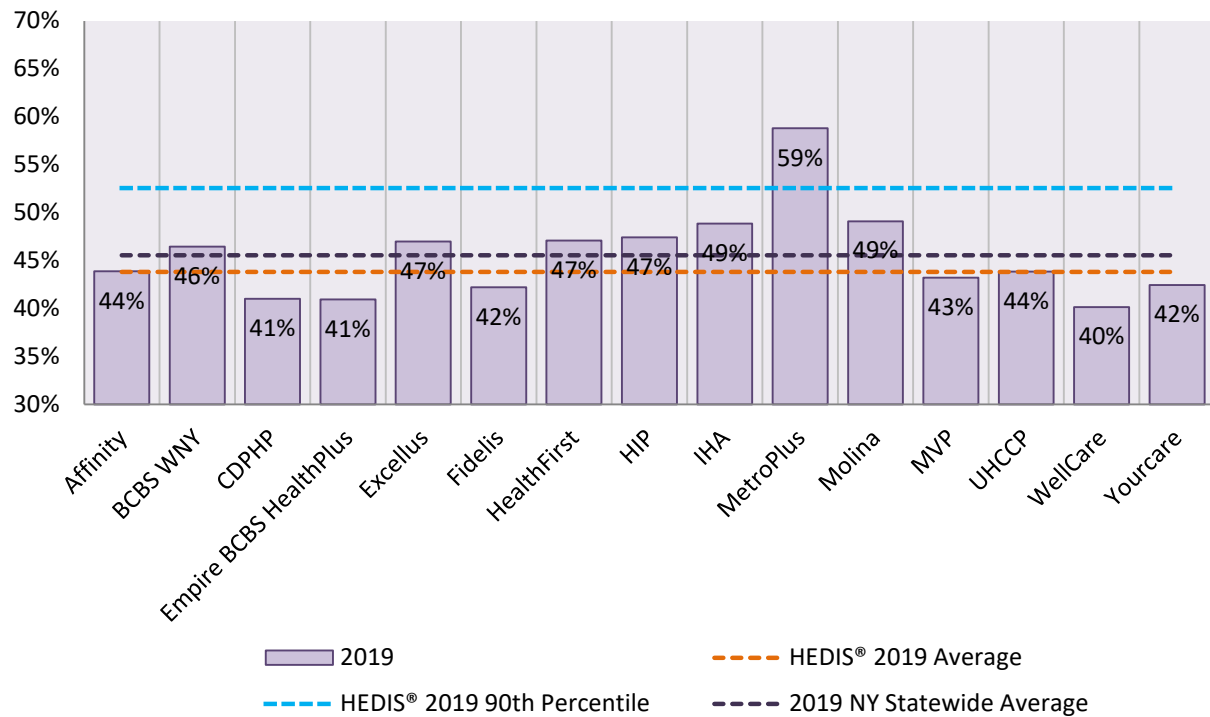
## Appropriate Treatment for Children with Upper Respiratory Infection



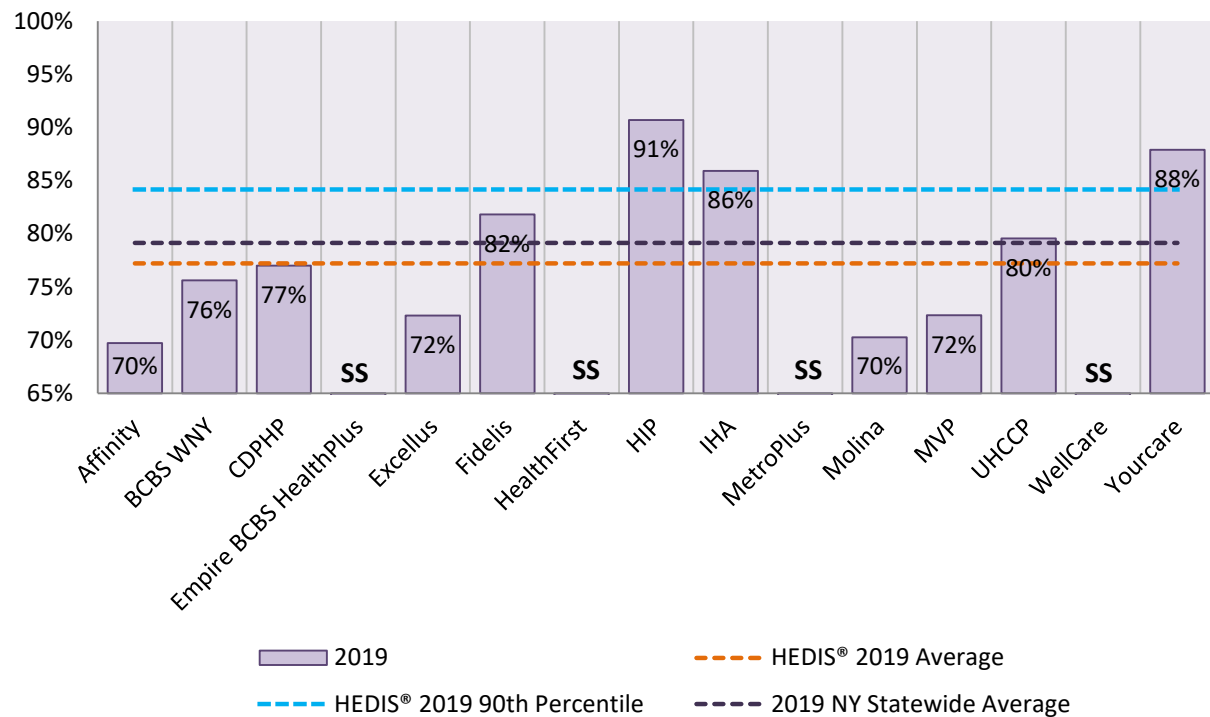
## Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis



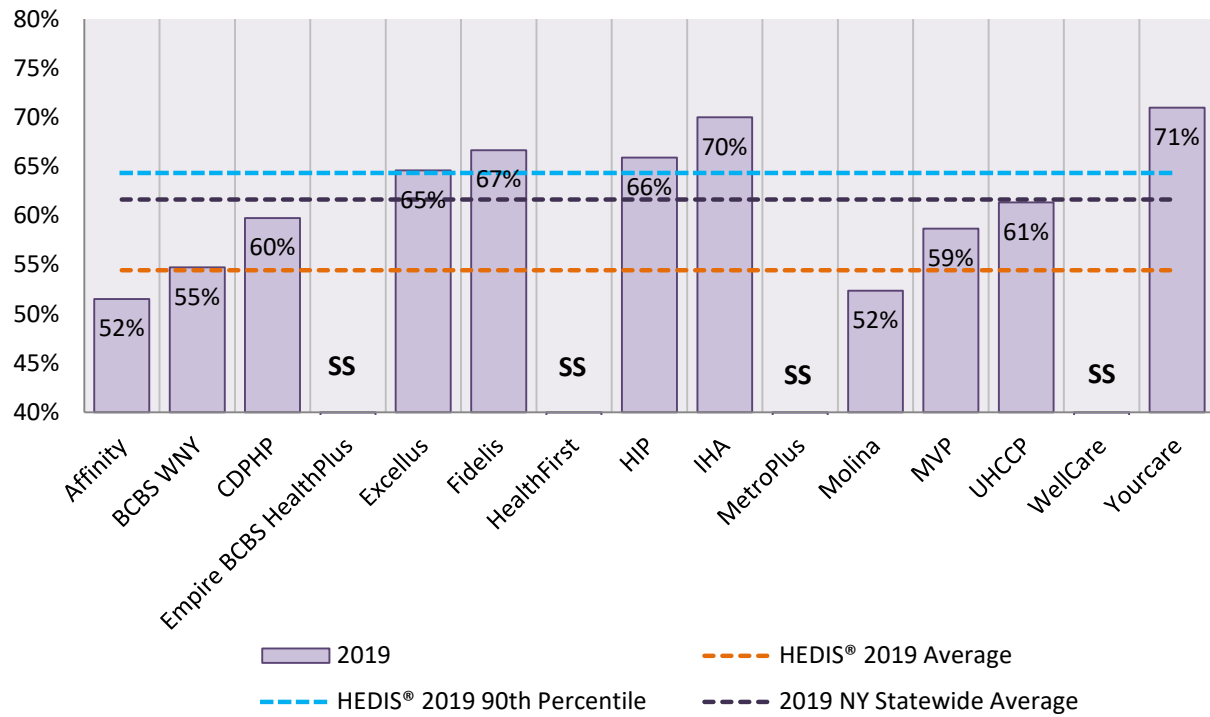
## Flu Vaccinations for Adults Ages 18-64



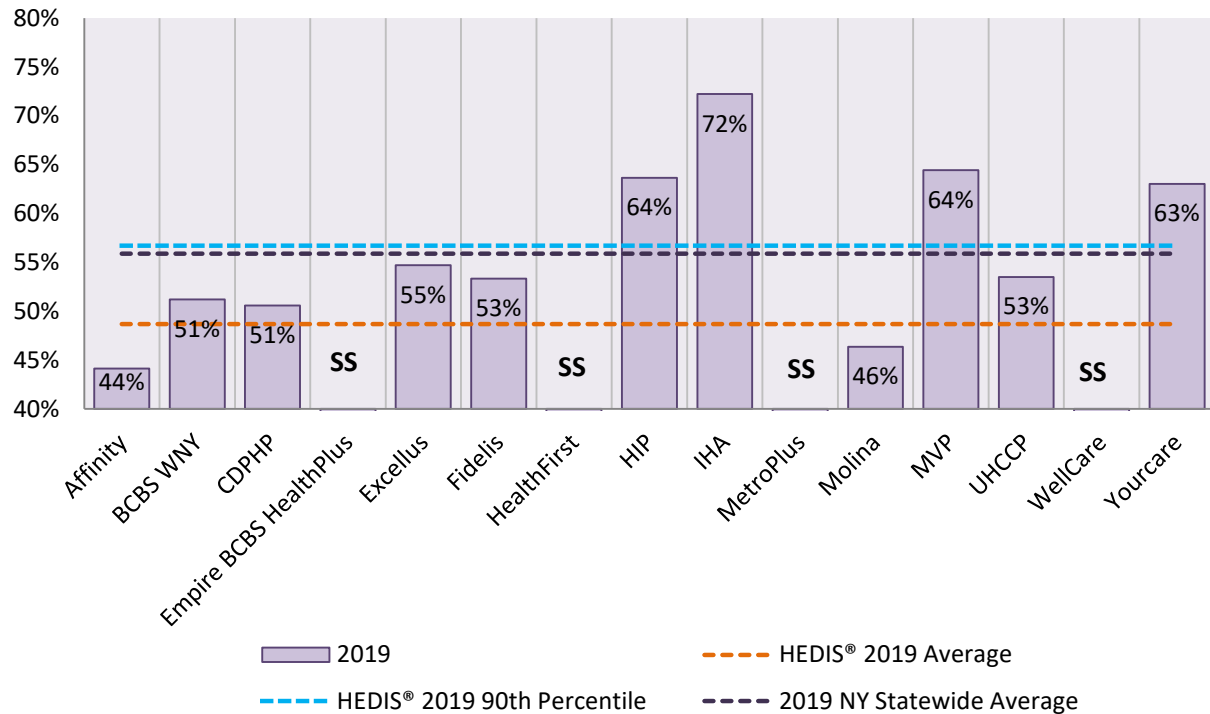
## Advising Smokers and Tobacco Users to Quit



## Discussing Cessation Medications



## Discussing Cessation Strategies



## HIV Viral Load Suppression



### Effectiveness of Care: Behavioral Health

General observations:

#### ■ Antidepressant Medication Management –

- **Acute Phase Treatment** – Five (5) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 54% did not meet the national Medicaid average.
- **Continuation Phase Treatment** – Four (4) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 38% did not meet the national Medicaid average.

#### ■ Follow-Up Care for Children Prescribed ADHD Medication –

- **Initiation Phase** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 58% exceeded the national Medicaid average.
- **Continuation and Maintenance Phase** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 67% exceeded the national Medicaid average. (Note: One (1) of the 15 MCPs had a sample size too small to be reported [less than 30 members] but they are included in the statewide average.)

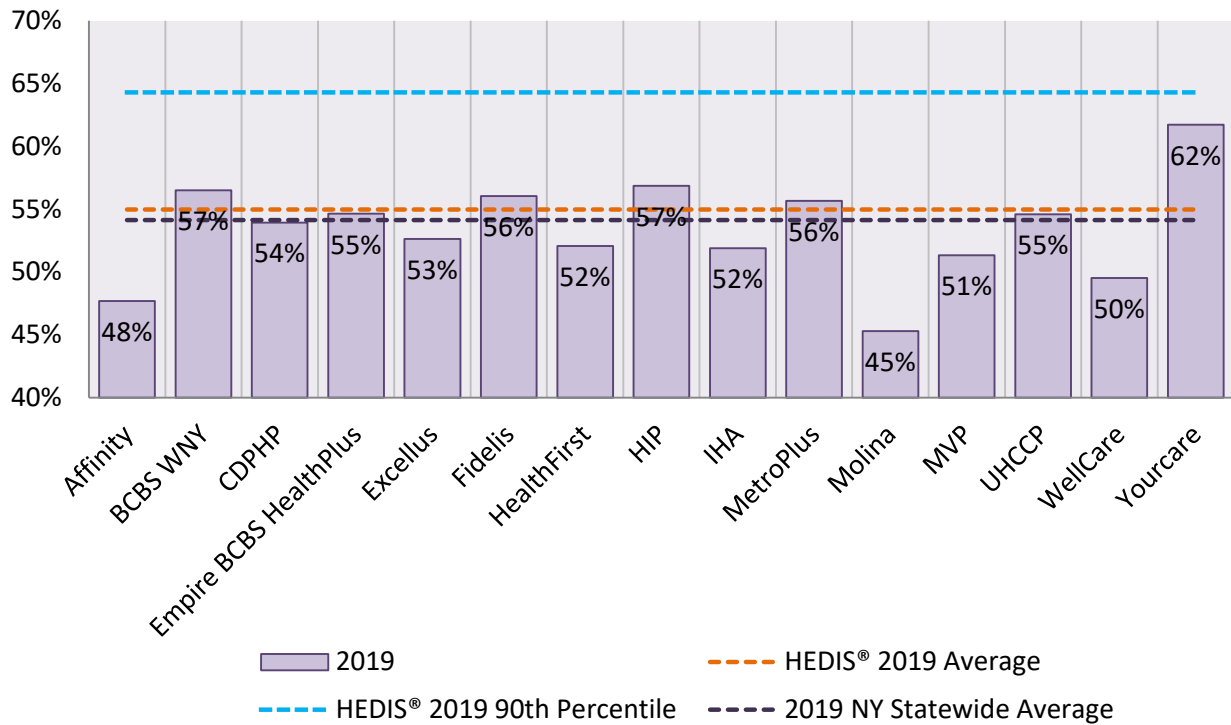
#### ■ Follow-Up After Hospitalization for Mental Illness –



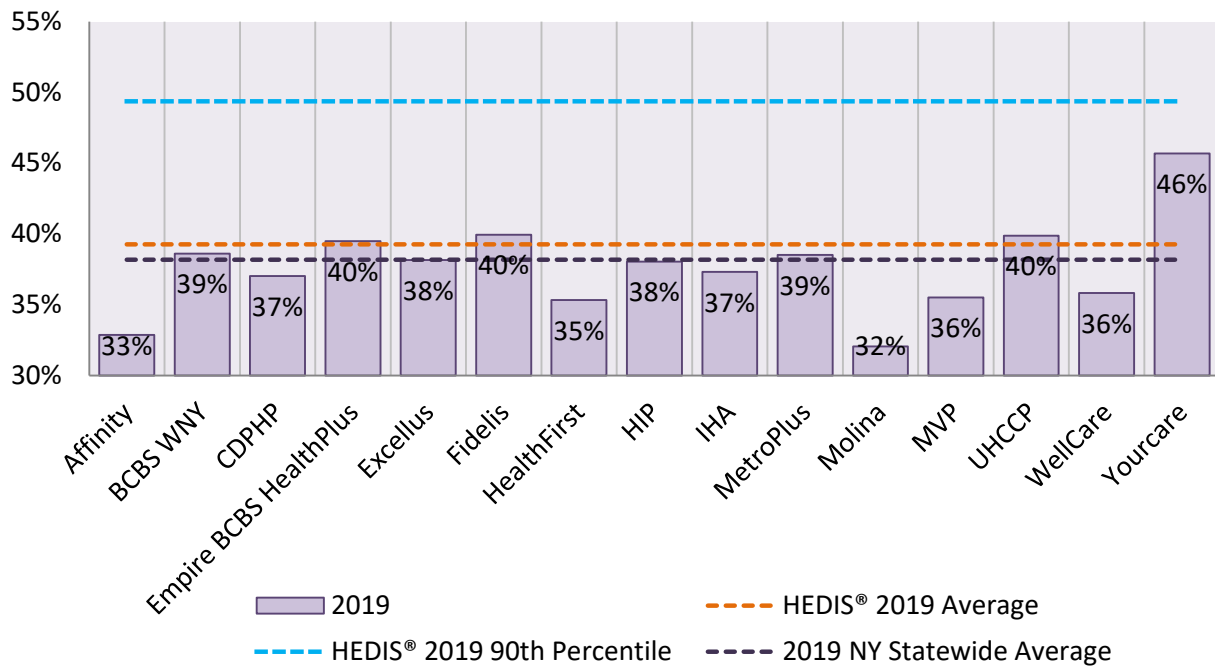
- **7 Days** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Twelve (12) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 64% exceeded the national Medicaid average.
- **30 Days** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 79% exceeded the national Medicaid average.
- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications** – Six (6) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 82% exceeded the national Medicaid average.
- **Diabetes Monitoring for People with Schizophrenia** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 80% exceeded the national Medicaid average. *(Note: Three (3) of the 15 MCPs had sample sizes too small to be reported [less than 30 members] but they are included in the statewide average.)*
- **Adherence to Antipsychotic Medications for Individuals with Schizophrenia** – Ten (10) of the 15 MCPs reported a rate that exceeded the national Medicaid average. One (1) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 64% exceeded the national Medicaid average.

MCP and statewide performance on behavioral health measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90<sup>th</sup> percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.

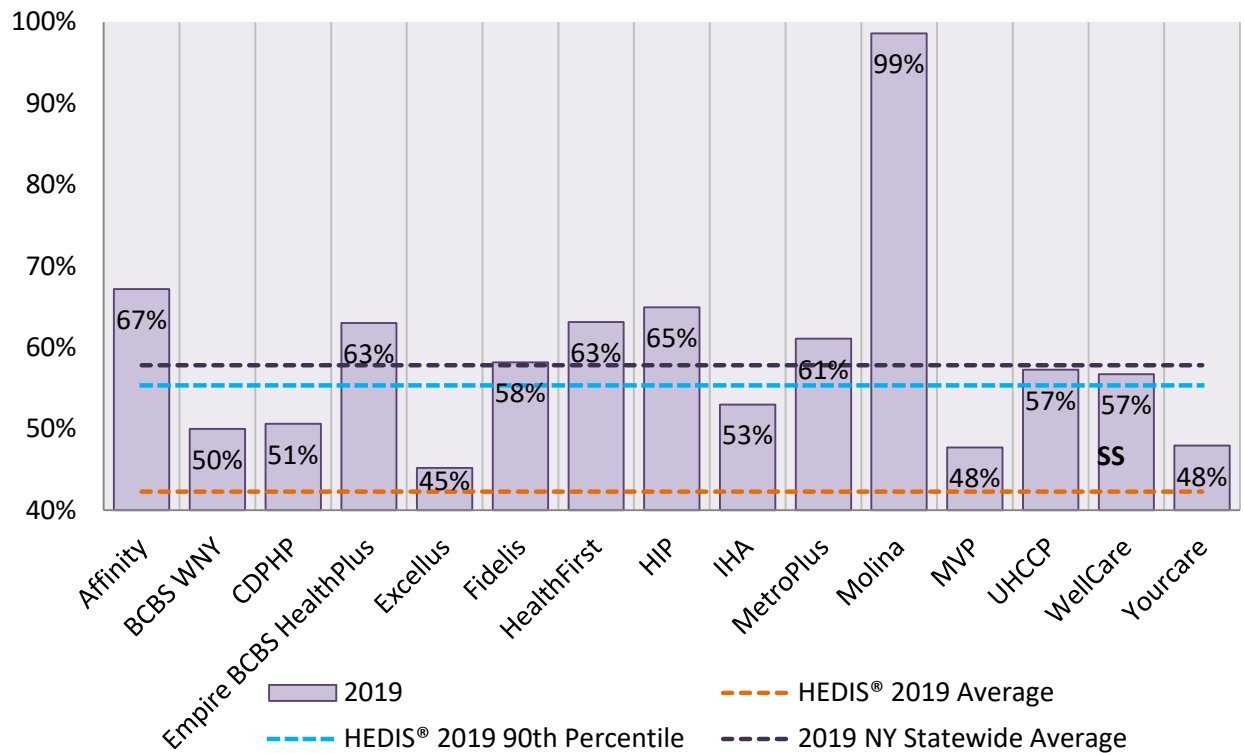
## Antidepressant Medication Management Acute Phase Treatment



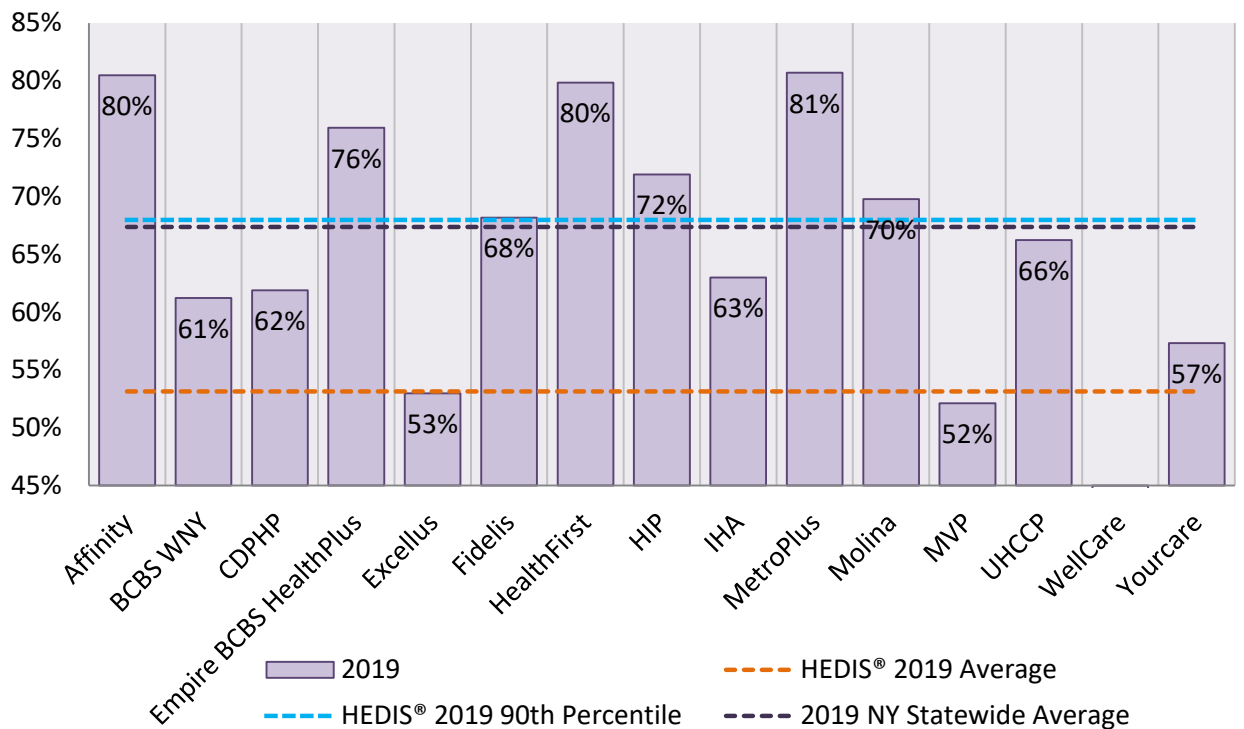
## Antidepressant Medication Management Acute Continuation Phase Treatment



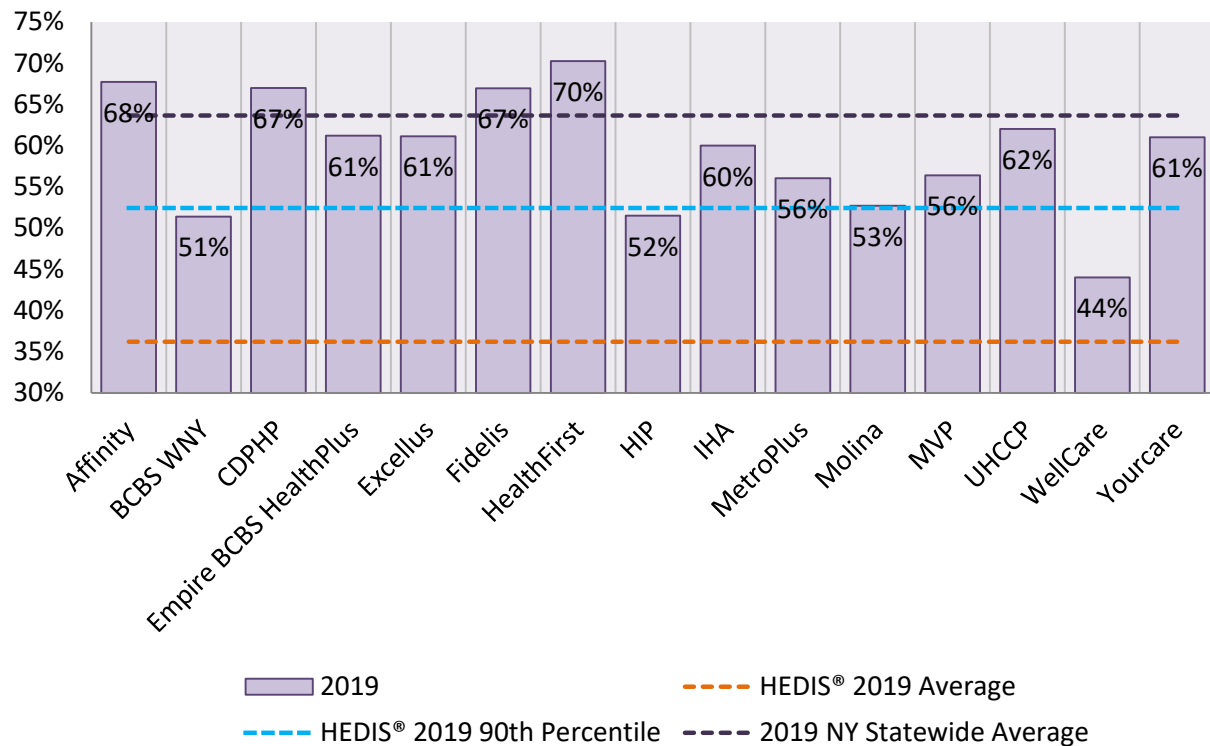
### Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase



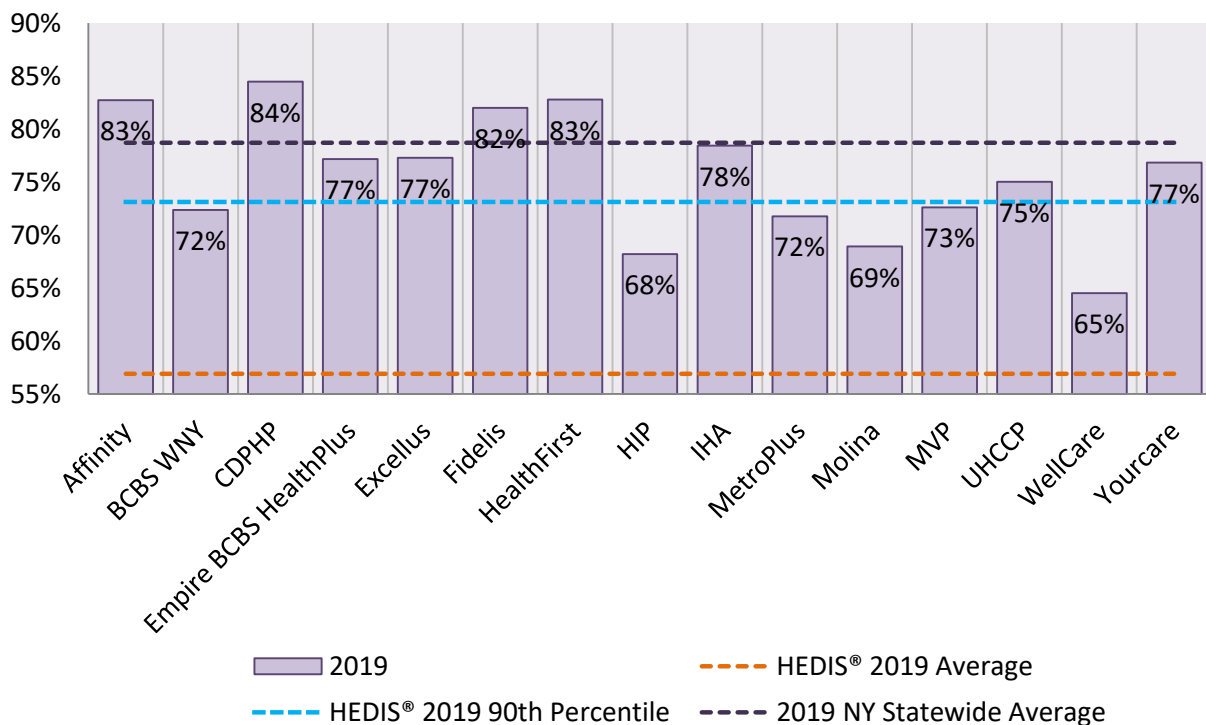
### Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase



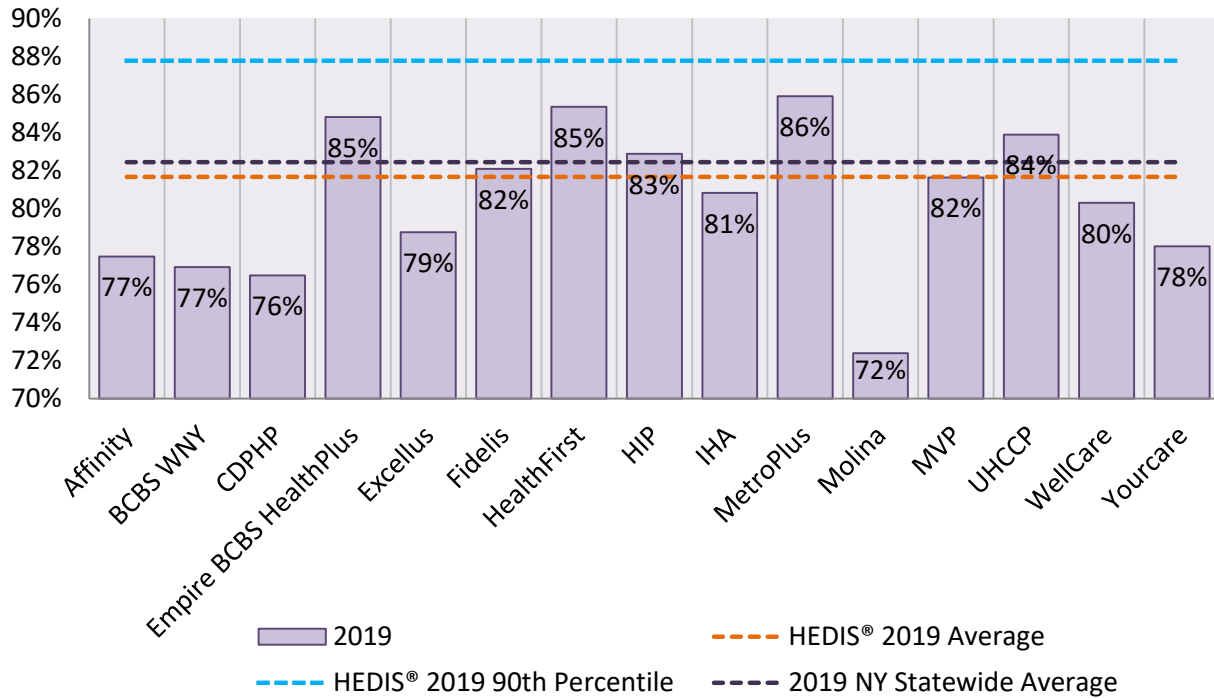
### Follow-Up After Hospitalization for Mental Illness - 7 Days



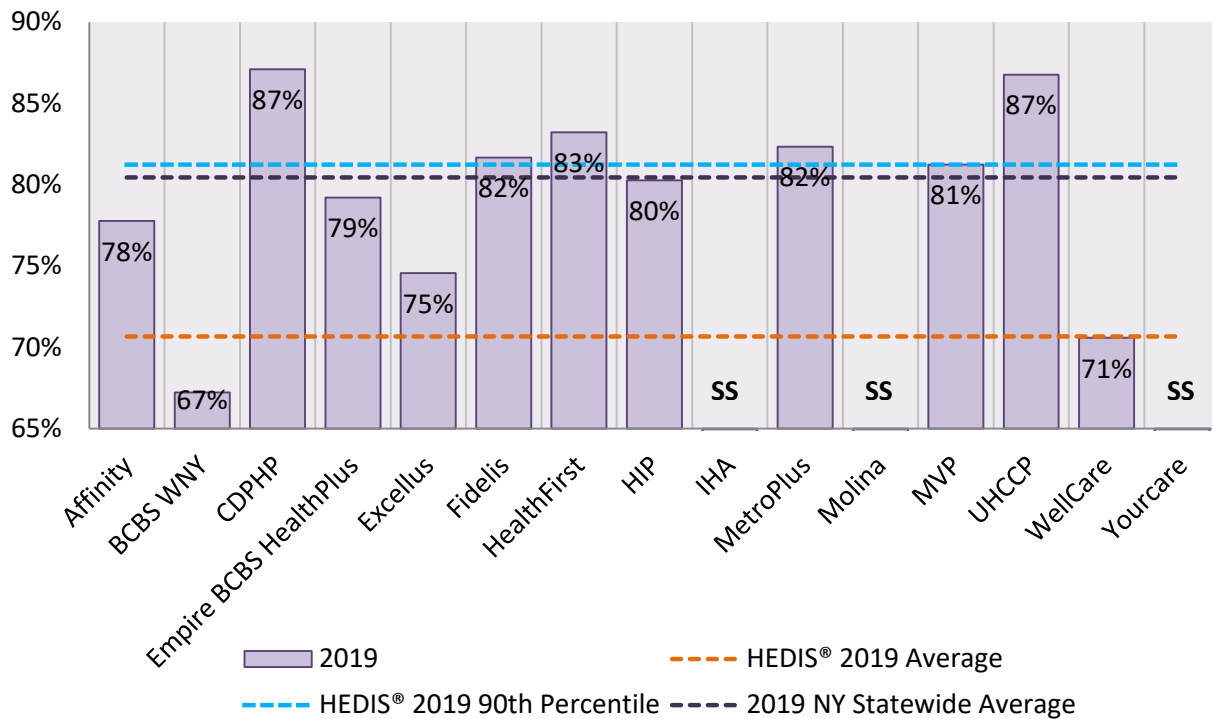
### Follow-Up After Hospitalization for Mental Illness - 30 Days



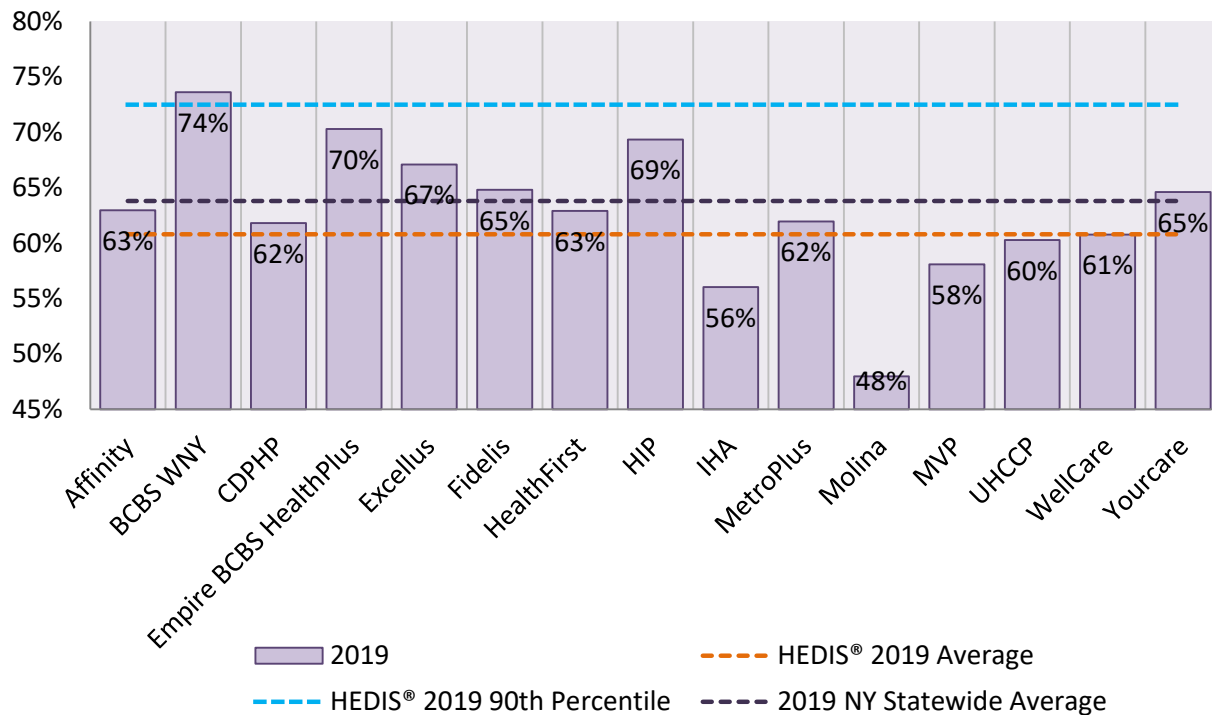
### Diabetes Screening for People with Schizophrenia or Bipolar Disorder using Antipsychotic Medications



### Diabetes Monitoring for People with Diabetes and Schizophrenia



## Adherence to Antipsychotic Medications for Individuals with Schizophrenia



### Access to and Timeliness of Care

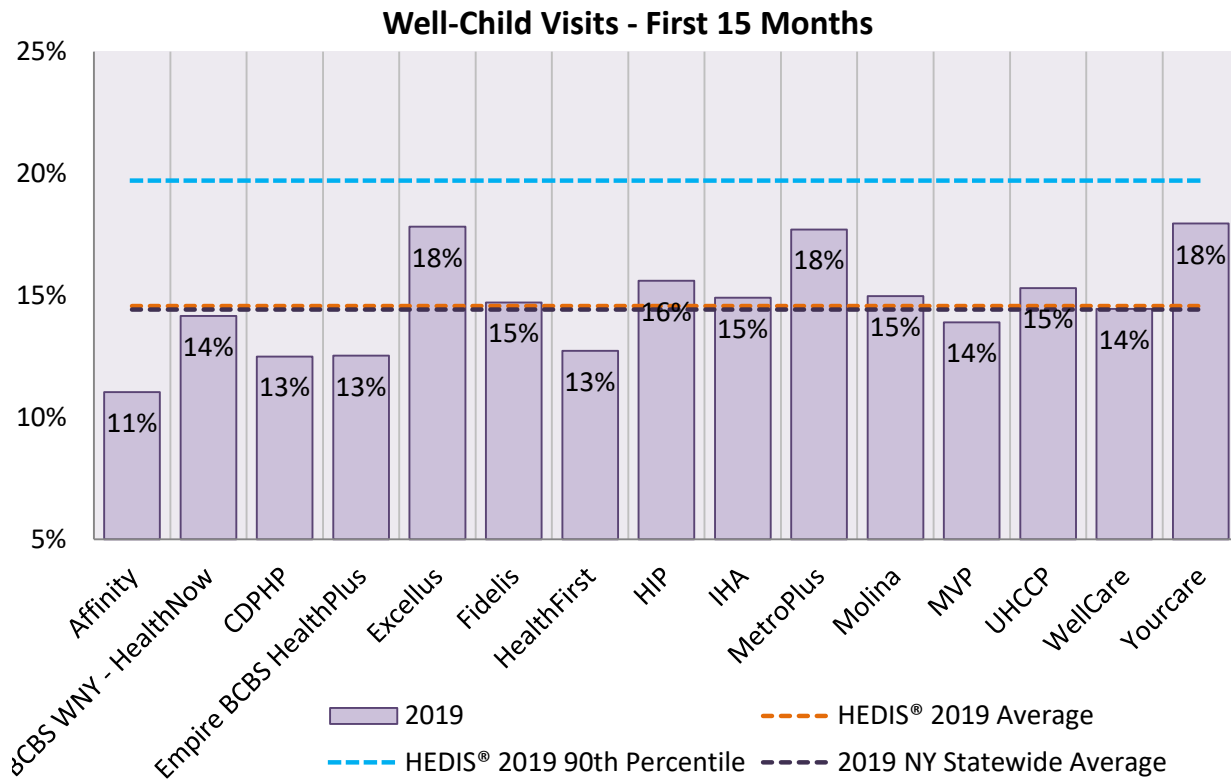
The utilization performance measures used to assess access to and timeliness of care are all HEDIS measures. National Medicaid benchmarks used to assess MCP and statewide performance originate from NCQA's 2020 *Quality Compass* for Medicaid (national – all LOBs excluding PPOs and EPOs). For measures not included in the NCQA 2020 *Quality Compass* for MY 2019, statewide performance was used as the benchmark.

#### Utilization

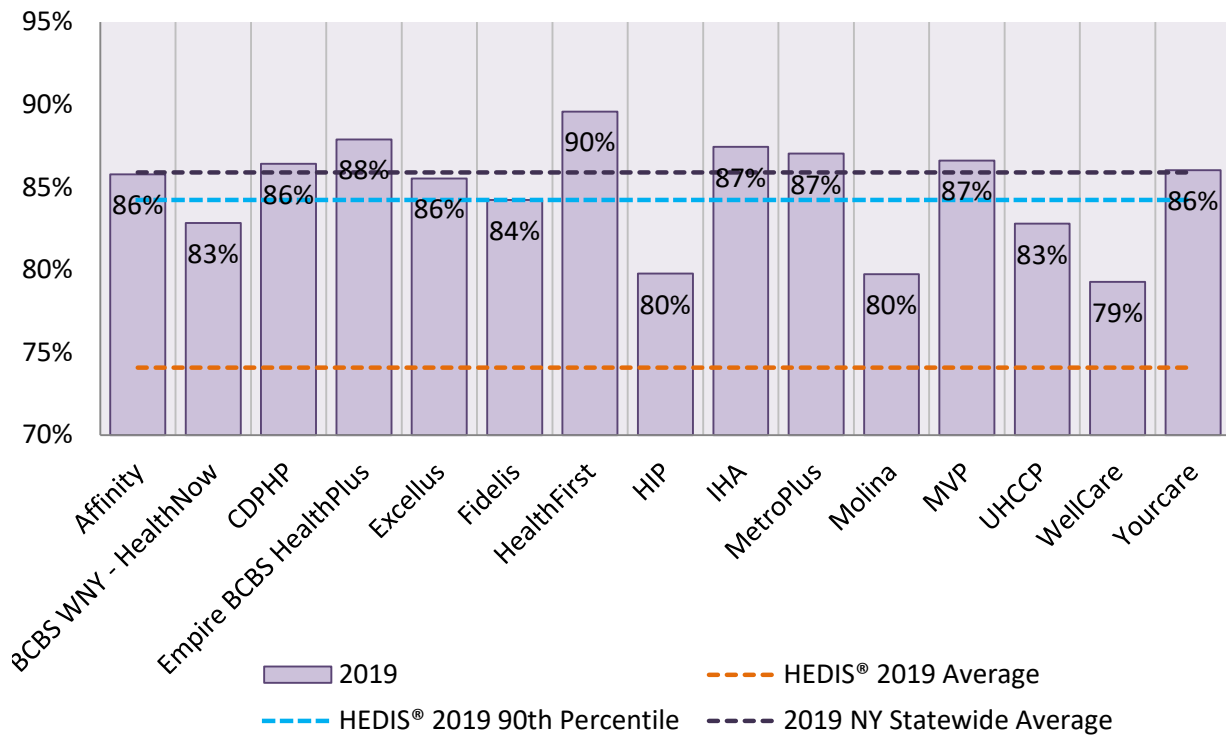
General observations:

- **Well-Child Visits - First 15 Months of Life (6 or More Visits)** – Eight (8) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 14% did not meet the national Medicaid average.
- **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 86% exceeded the national Medicaid average.
- **Adolescent Well-Care Visits** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 69% exceeded the national Medicaid average.

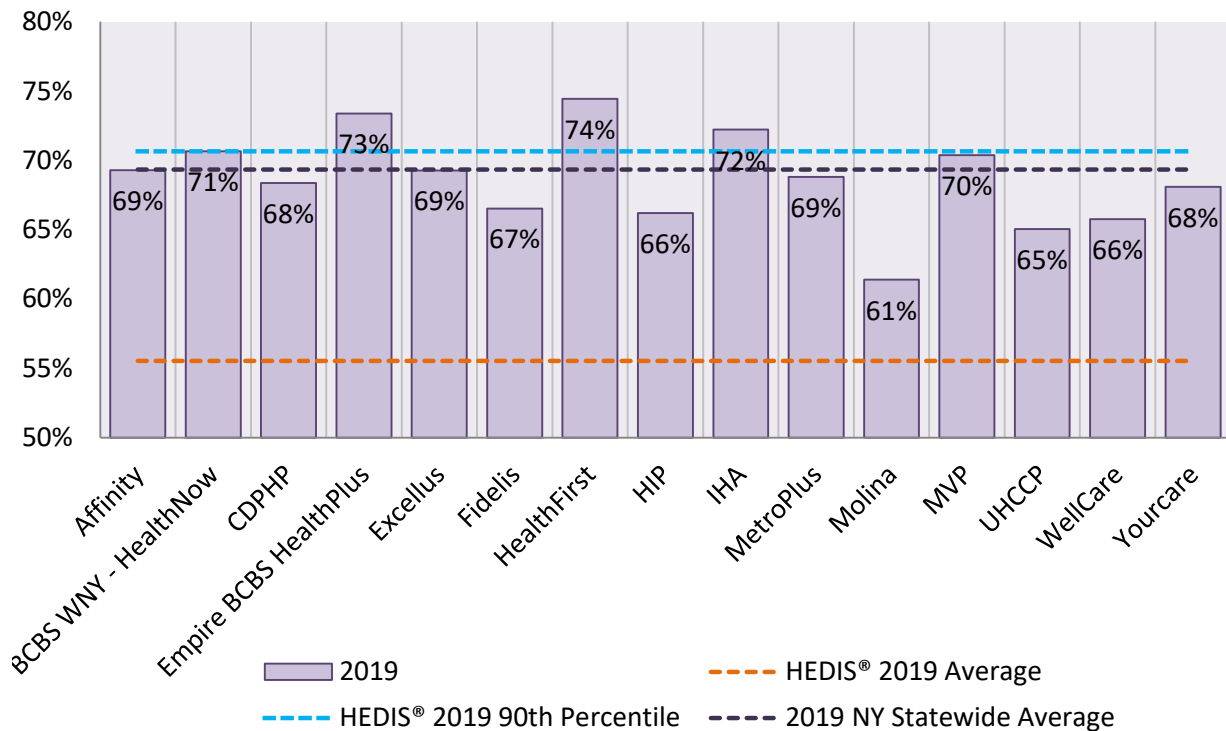
MCP and statewide performance on utilization measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90<sup>th</sup> percentiles from the NCQA *Quality Compass* for MY 2019 are also displayed.



### Well-Child Visits - 3 to 6 Year Olds



### Adolescent Well-Care Visits





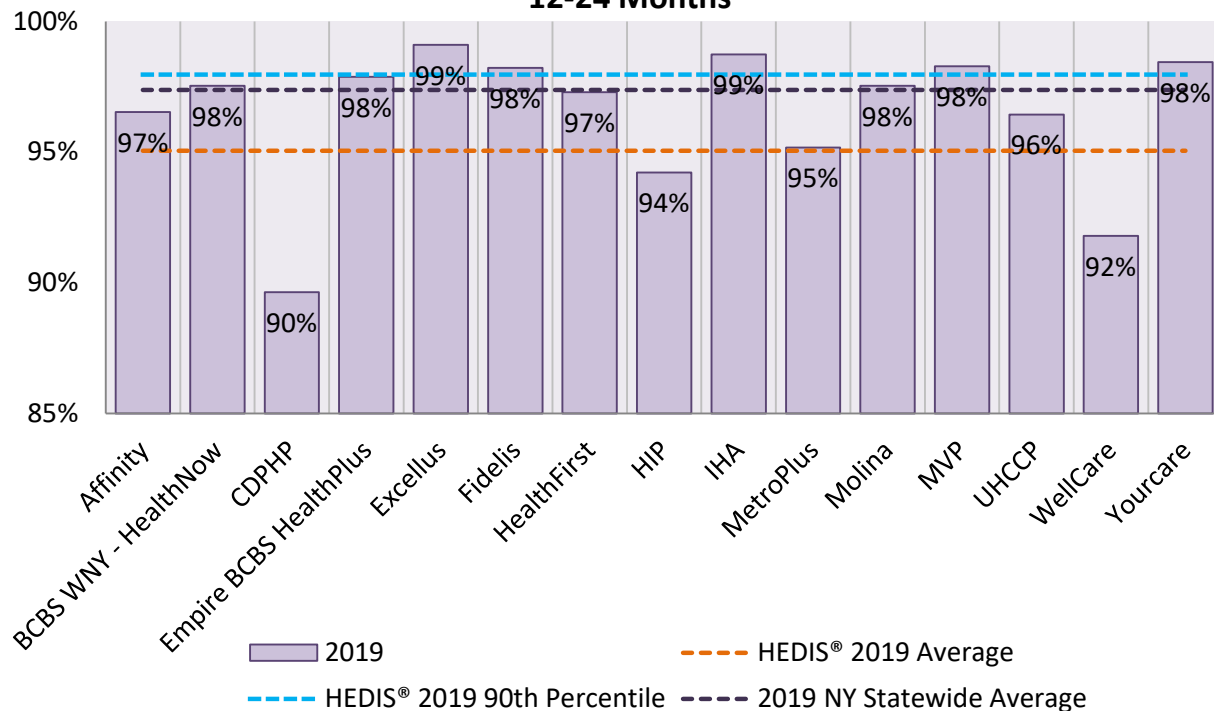
## Access to Care

General observations:

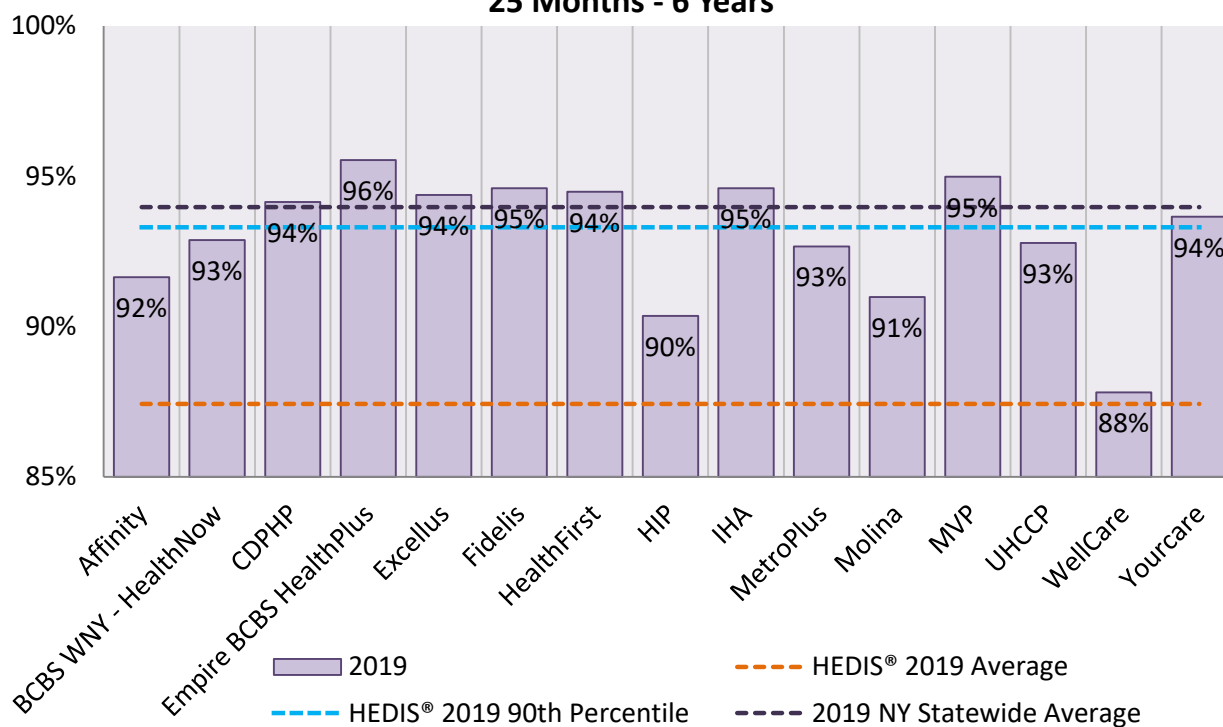
- **Children and Adolescents' Access to PCPs –**
  - **12-24 months** – Twelve (12) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Five (5) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 97% exceeded the national Medicaid average.
  - **25 Months - 6 years** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Eight (8) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 94% exceeded the national Medicaid average.
  - **7-11 years** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 97% exceeded the national Medicaid average.
  - **12-19 years** – All 15 MCPs reported a rate that exceeded the national Medicaid average. Nine (9) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 95% exceeded the national Medicaid average.
- **Adults' Access to Preventive/Ambulatory Services –**
  - **20-44 Years** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Two (2) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 82% exceeded the national Medicaid average.
  - **45-64 Years** – Fourteen (14) of the 15 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 92% exceeded the national Medicaid average.
  - **65+ Years** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rates met the national Medicaid 90<sup>th</sup> percentile. Two (2) of the 15 MCP rates met the Medicaid 75<sup>th</sup> percentile. The statewide average rate of 92% exceeded the national Medicaid average.
- **Postpartum Care** – Thirteen (13) of the 14 MCPs reported a rate that exceeded the national Medicaid average. Three (3) of the 15 MCP rates met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 83% exceeded the national Medicaid average. (*Note: Excellus Health Plan, Inc. was not required to report this measure.*)
- **Annual Dental Visit** – Thirteen (13) of the 15 MCPs reported a rate that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average rate of 62% exceeded the national Medicaid average.

MCP and statewide performance on access to care measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90<sup>th</sup> percentiles from the NCQA *Quality Compass* for MY 2019 are also displayed.

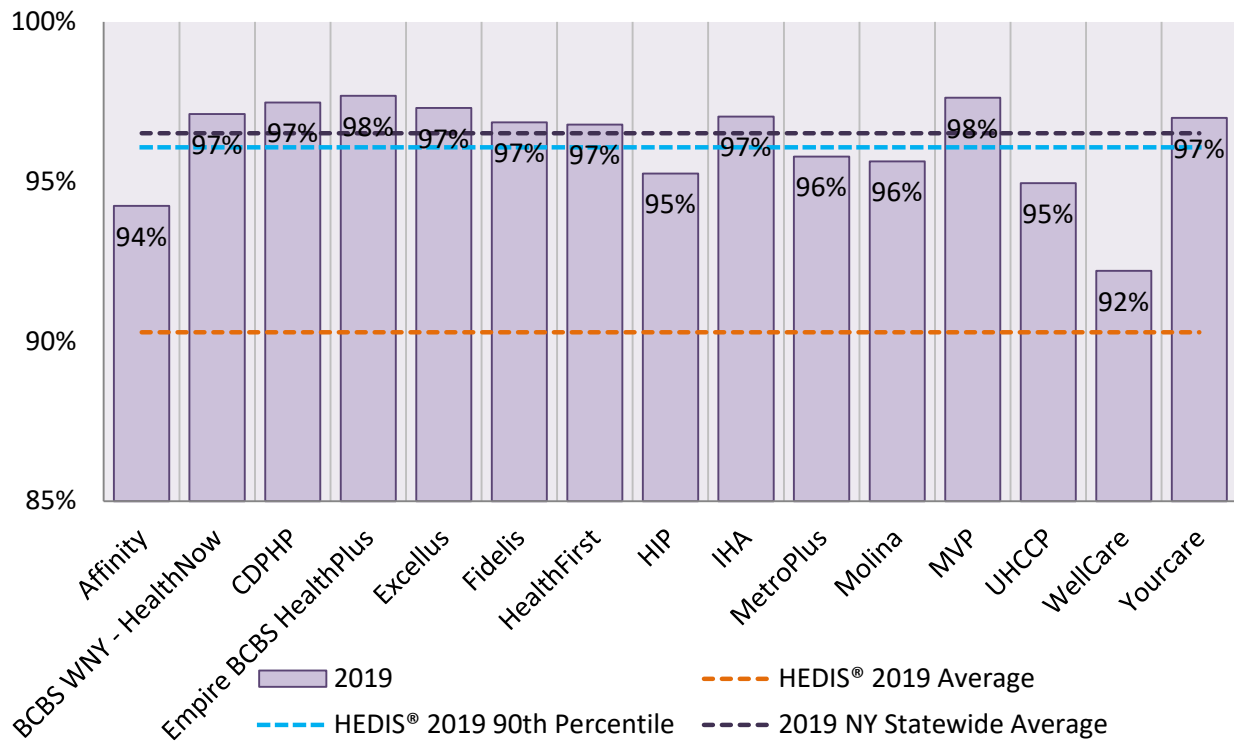
### Children and Adolescents' Access to PCPs 12-24 Months



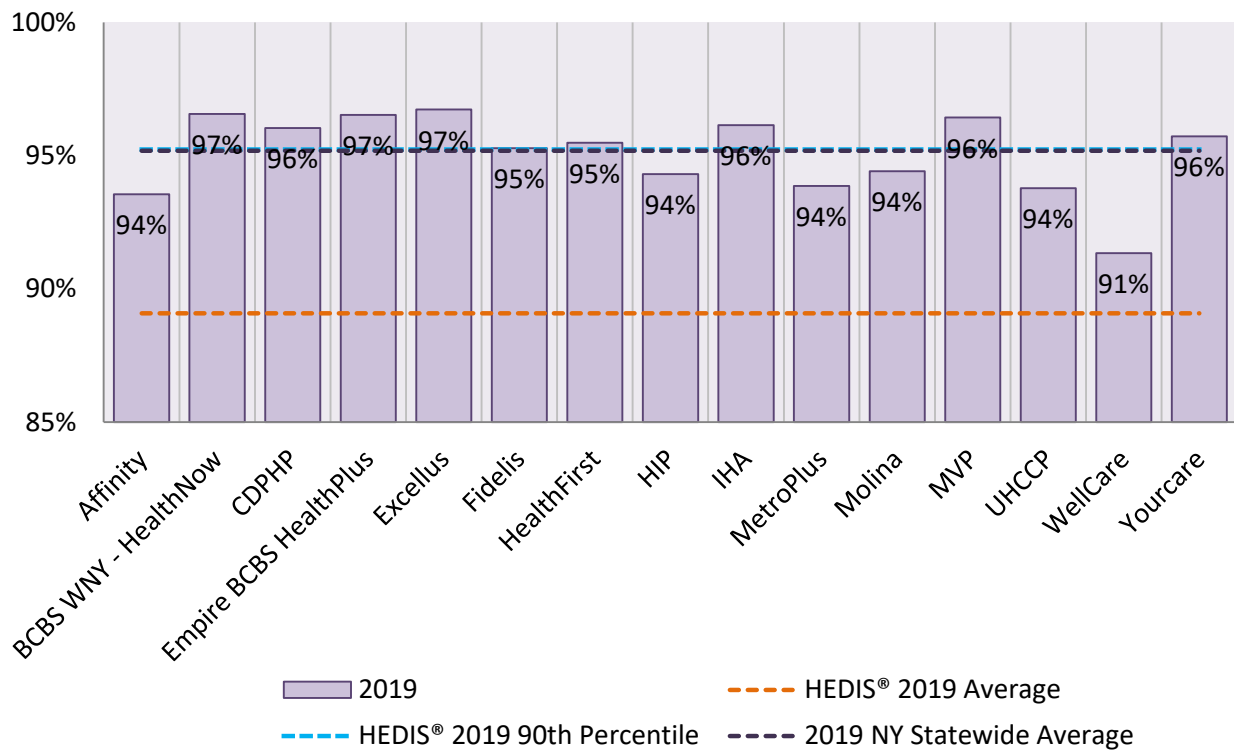
### Children and Adolescents' Access to PCPs 25 Months - 6 Years



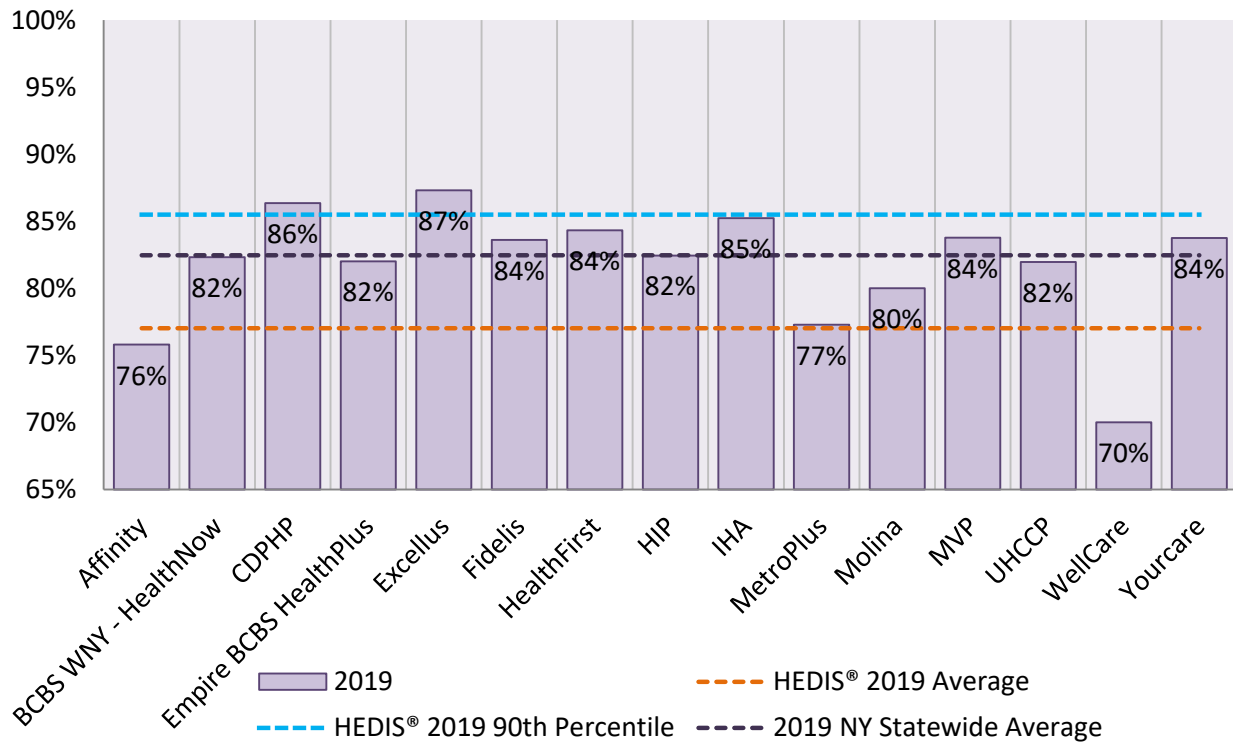
### Children and Adolescents' Access to PCPs 7-11 Years



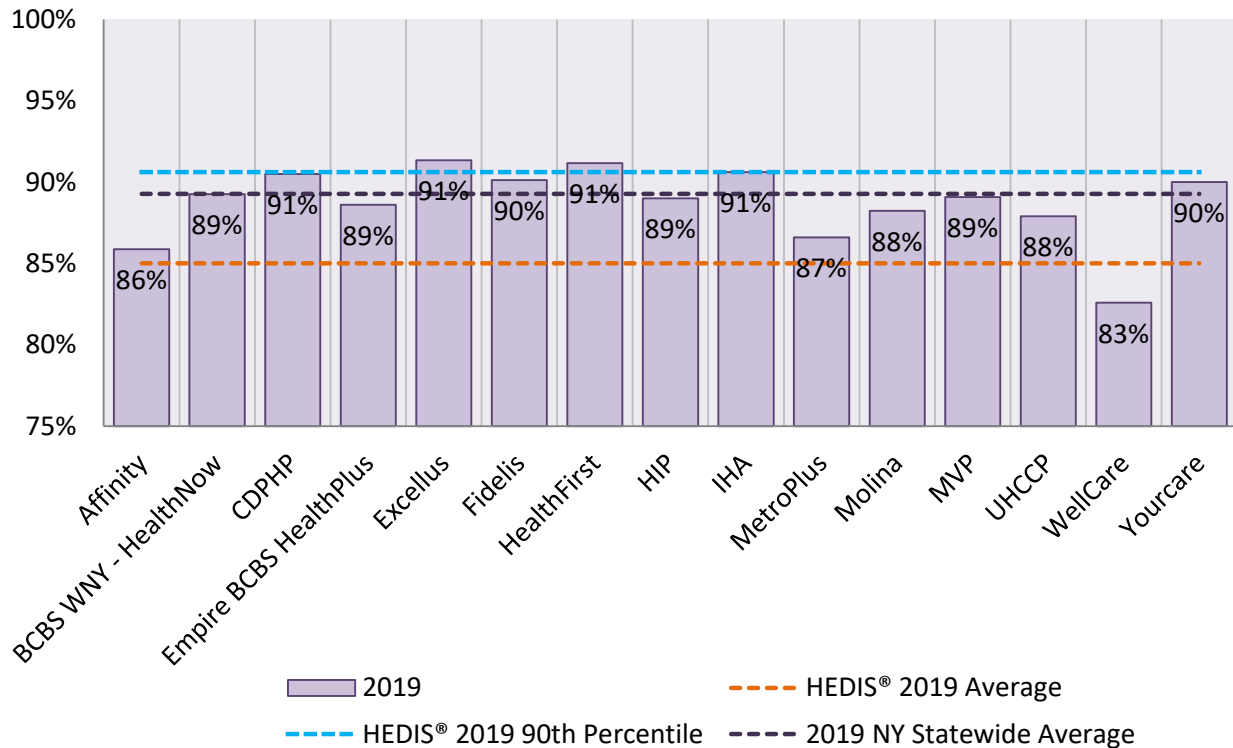
### Children and Adolescents' Access to PCPs 12-19 Years



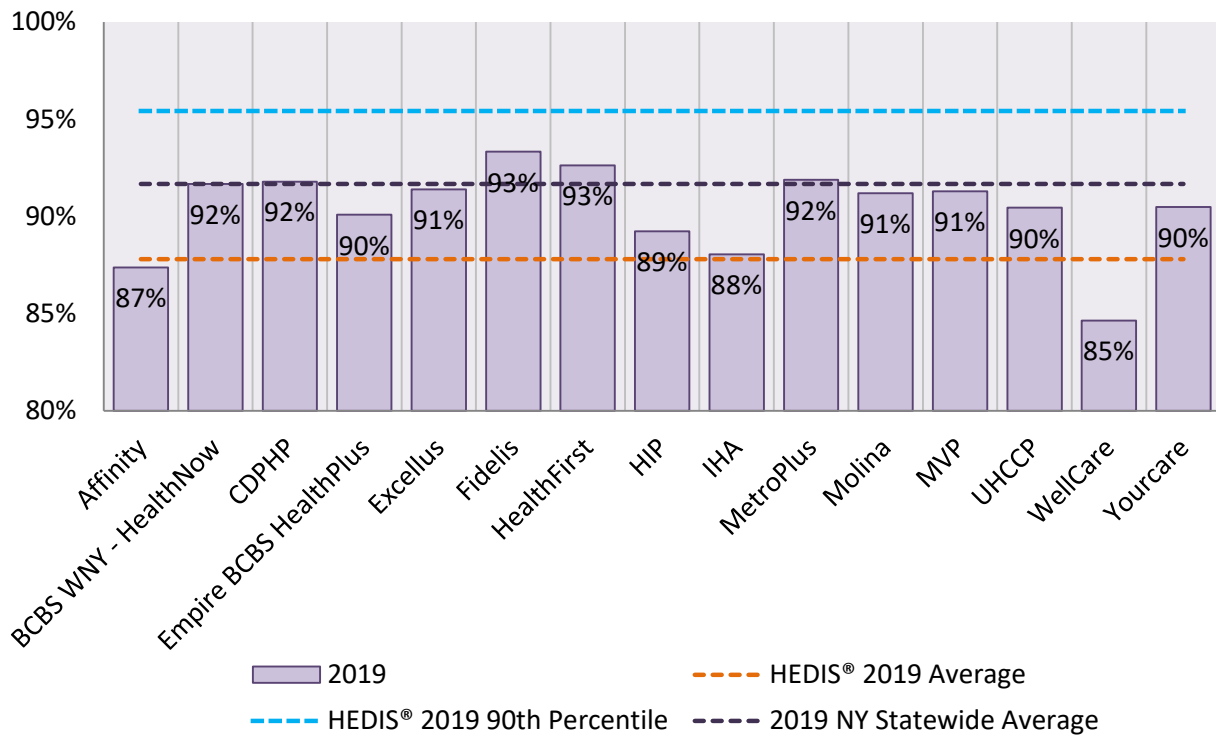
### Adults' Access to Preventive/Ambulatory Services 20-44 Years



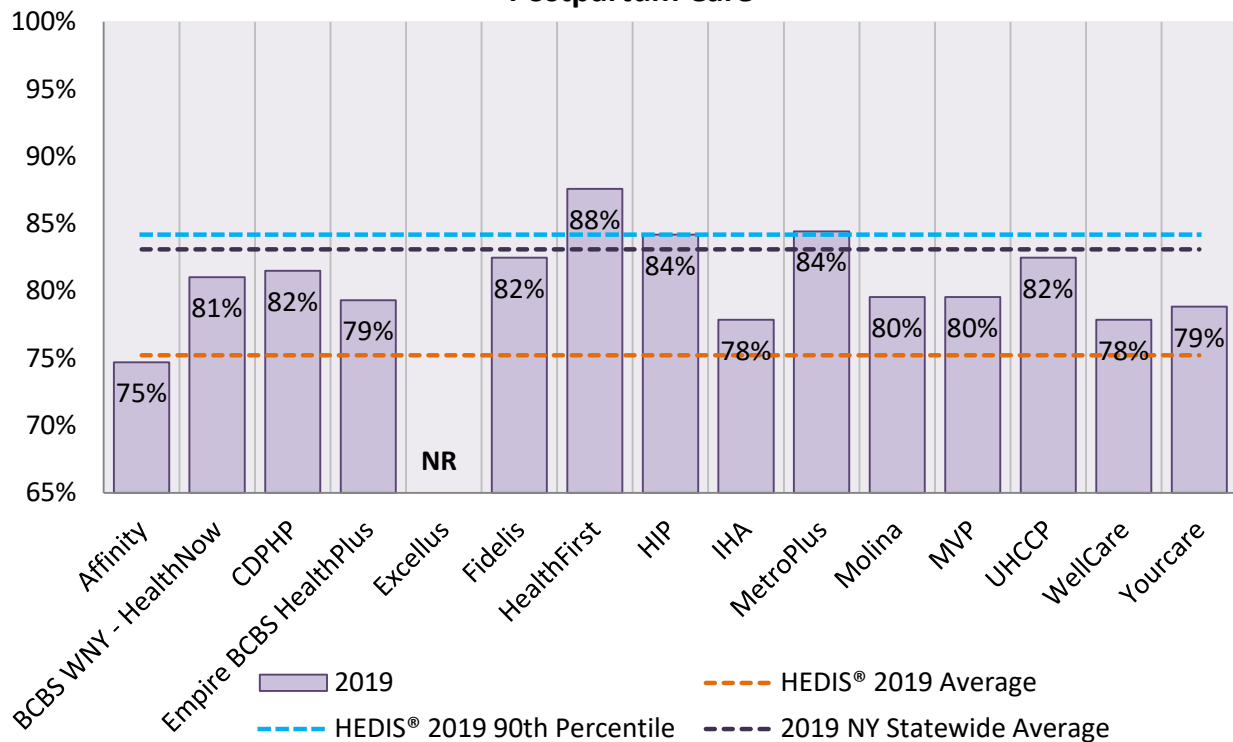
### Adults' Access to Preventive/Ambulatory Services 45-64 Years

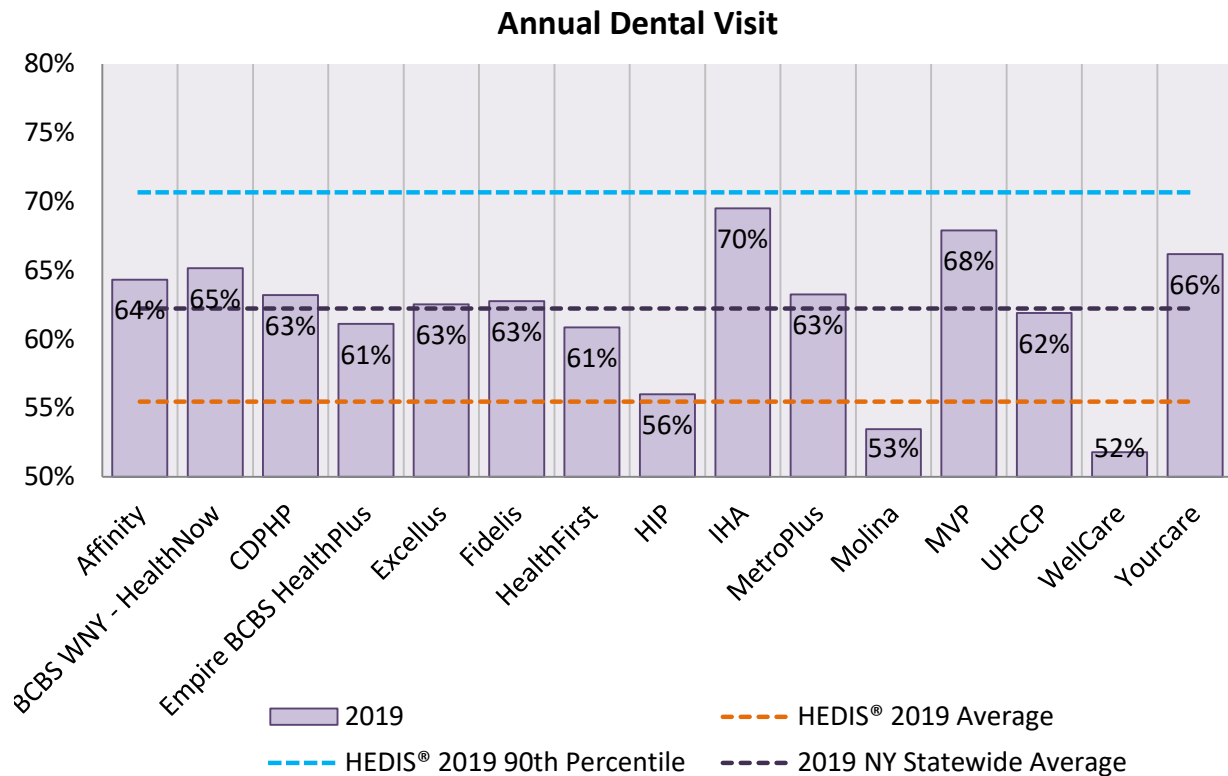


### Adults' Access to Preventive/Ambulatory Services 65+ Years



### Postpartum Care





### ***Prenatal Care (NYSDOH-Calculated Measures)***

QARR-specific prenatal care measures were calculated by the NYSDOH using birth data submitted by the MCPs and from the NYSDOH's Vital Statistics Birth File. As some health events, such as low birth weight births and cesarean deliveries do not occur randomly across all MCPs, risk-adjustment was applied during the analysis of these data to remove or reduce the effects of confounding factors that may have influenced an MCP's rate. Further, the analysis is conducted by regions, New York City (NYC) and rest of state (ROS) in consideration of differences in the birth certificate elements that are used for risk-adjustment. In 2018, Medicaid coverage in the NYC region was covered by eight MCPs while the ROS region was covered by 14 MCPs.

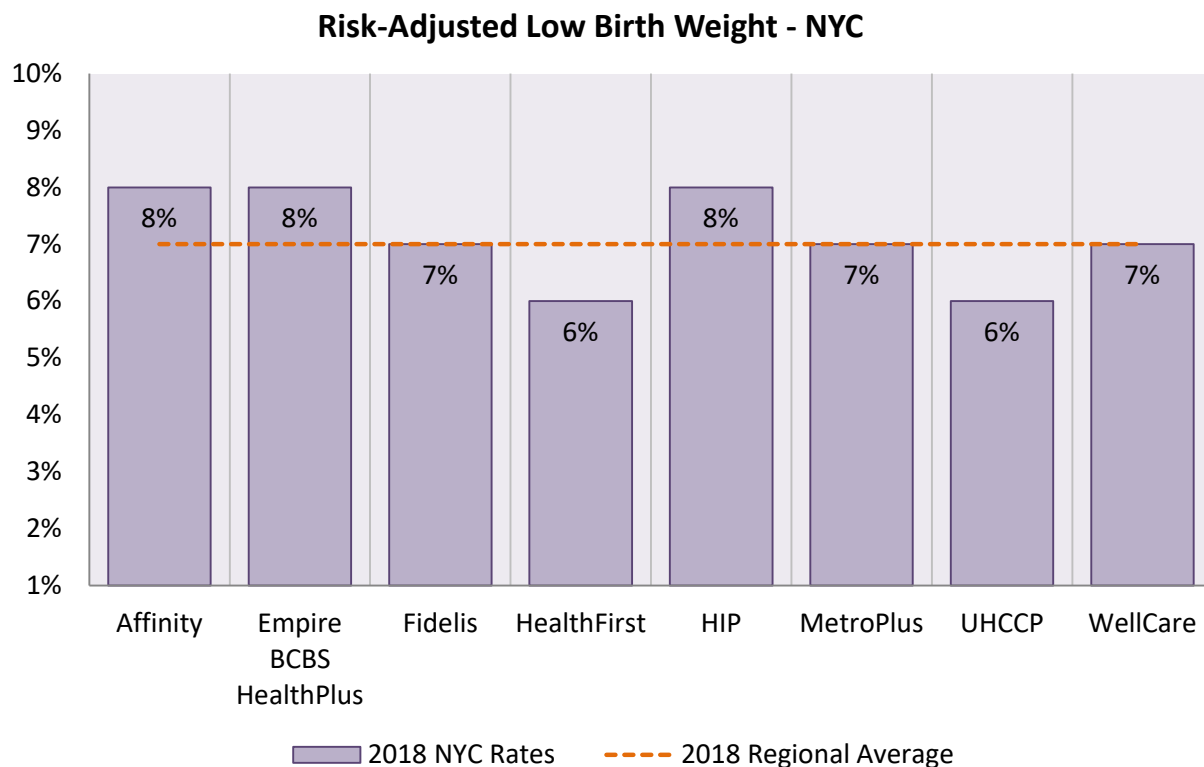
General observations:

- **Risk-Adjusted Low Birth Weight (a lower rate is desirable)–**
  - Six (6) of the 8 MCPs reported rates that exceeded the NYC regional average.
  - Thirteen (13) of the 14 MCPs reported a rate that exceeded the ROS regional average.
- **Prenatal Care in the First Trimester –**
  - Three (3) of the 8 MCPs reported a rate that exceeded the NYC regional average.
  - Ten (10) of the 14 MCPs reported a rate that exceeded the ROS regional average.
- **Risk-Adjusted Primary Cesarean Delivery –**
  - Five (5) of the 8 MCPs reported a rate that exceeded the NYC regional average.
  - Ten (10) of the 14 MCPs reported a rate that exceeded the ROS regional average.

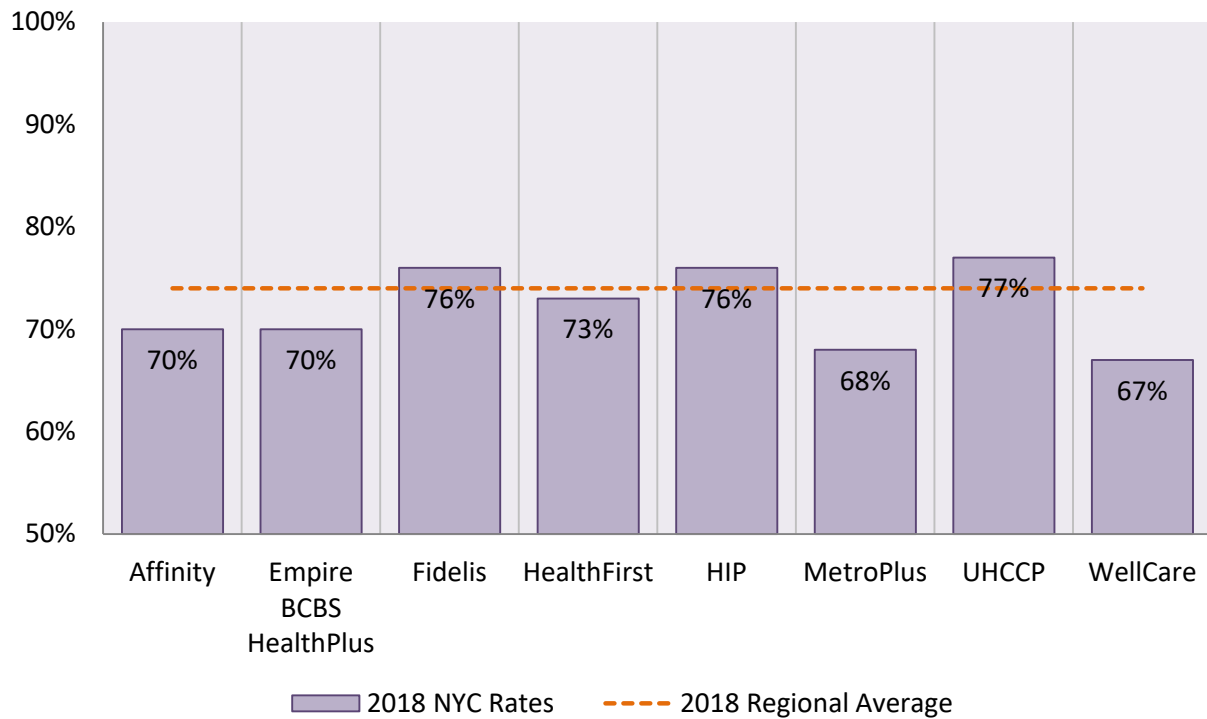
▪ **Vaginal Birth After Cesarean –**

- Two (2) of the 8 MCPs reported a rate that exceeded the NYC regional average.
- Nine (9) of the 14 MCPs reported a rate that exceeded the ROS regional average.

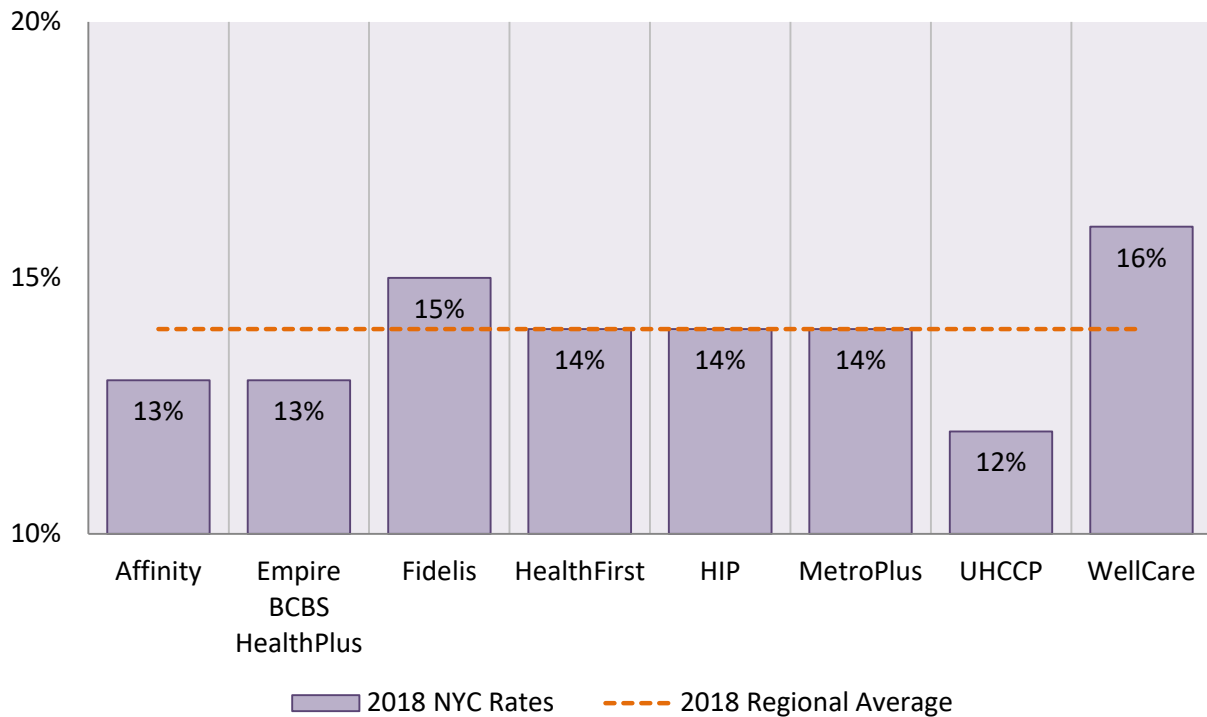
MCP prenatal care rates calculated by the NYSDOH for the NYC and ROS regions are displayed in the graphs that immediately follow. The graphs also display the MCPs' performance against the regional averages.



### Prenatal Care in the First Trimester - NYC

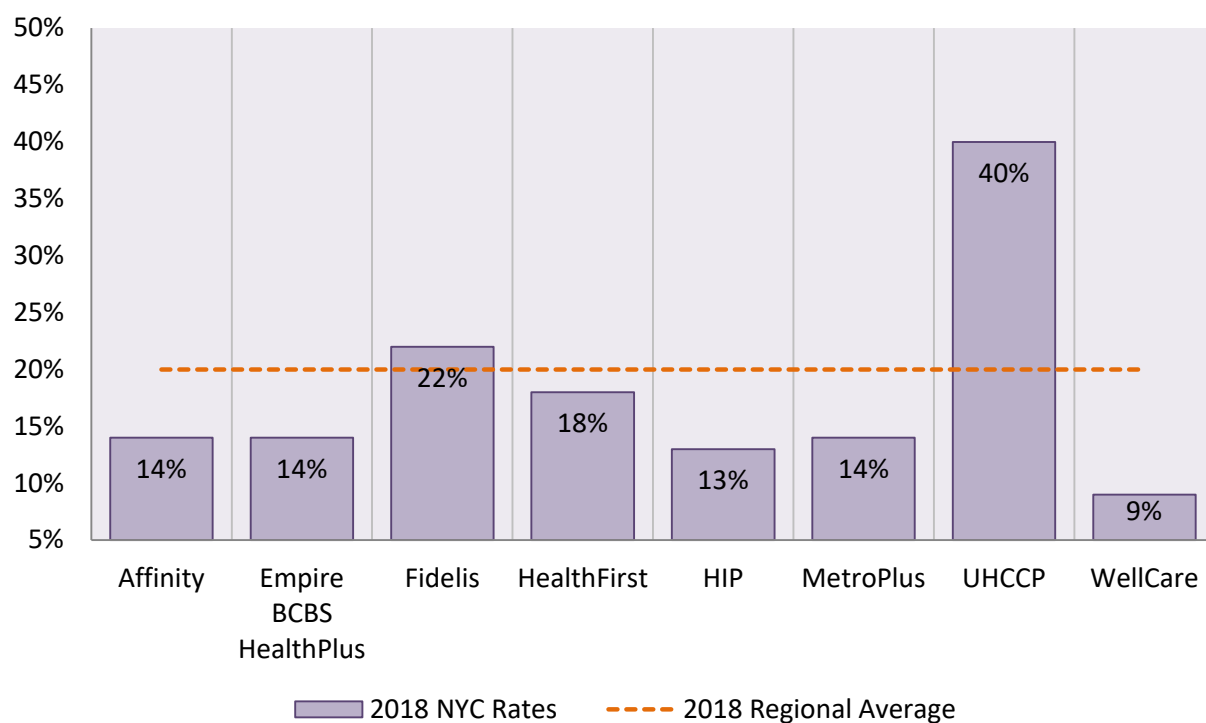


### Risk-Adjusted Primary Cesarean Delivery - NYC

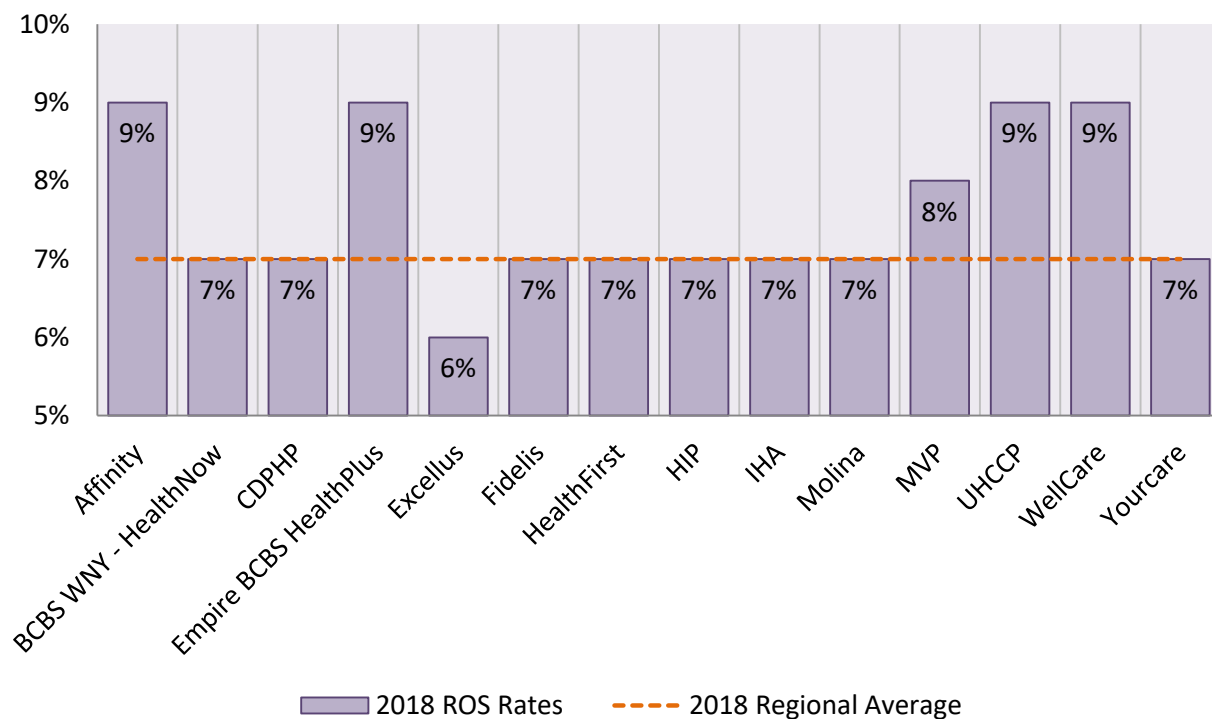




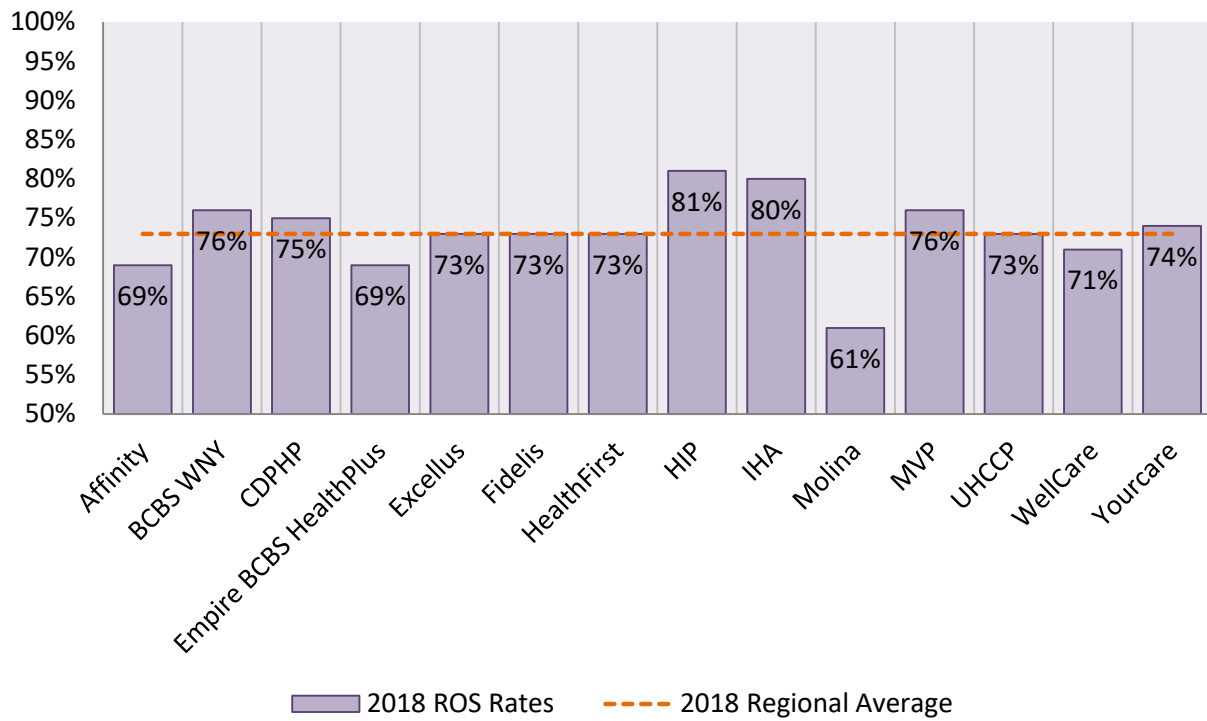
### Vaginal Birth After Cesarean - NYC



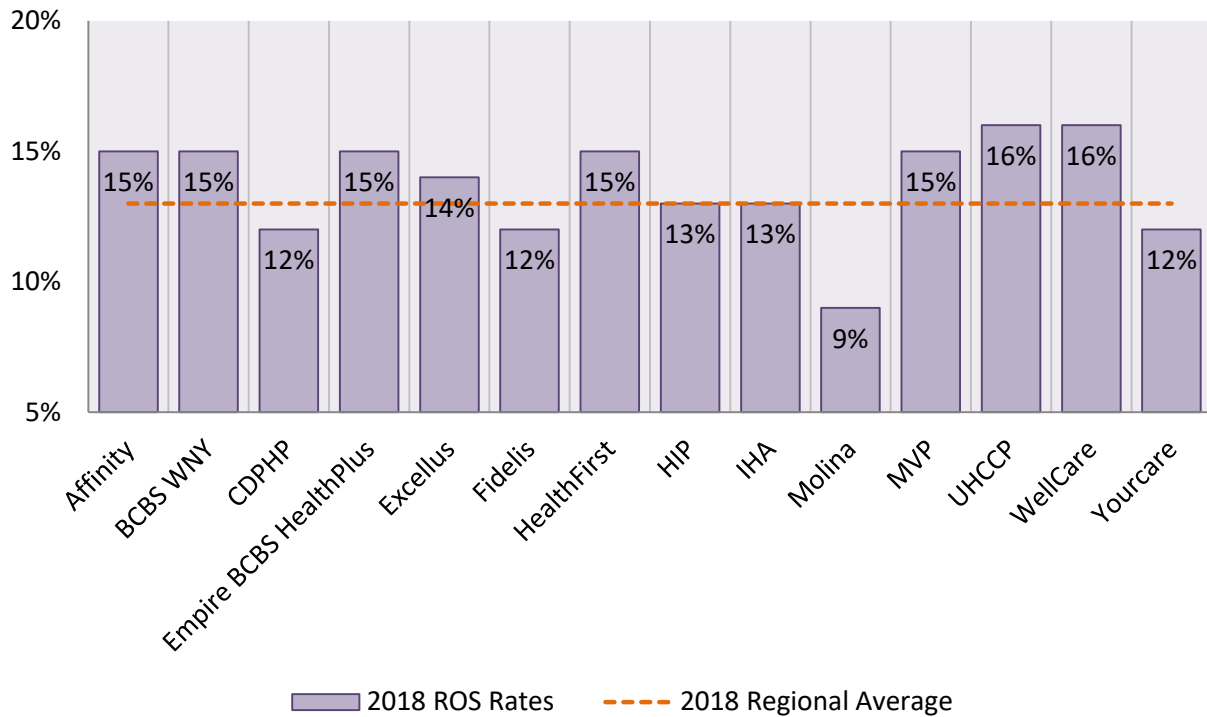
### Risk-Adjusted Low Birth Weight - ROS



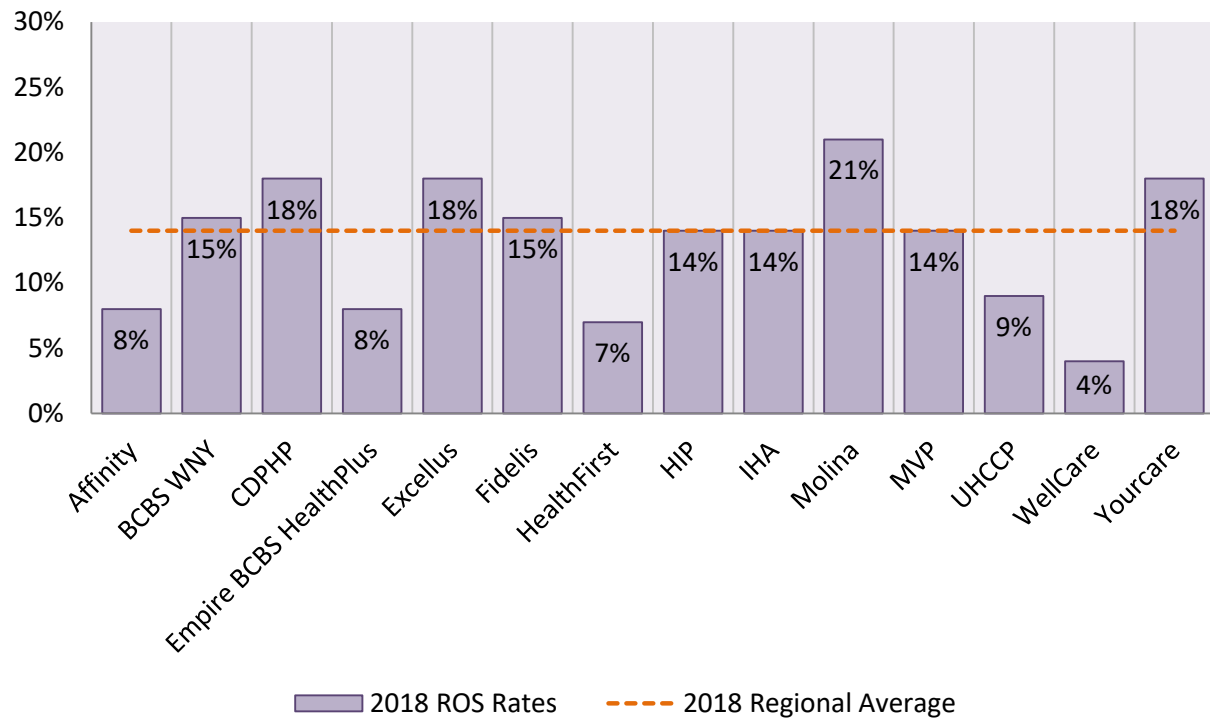
### Prenatal Care in the First Trimester - ROS



### Risk-Adjusted Primary Cesarean Delivery - ROS



### Vaginal Birth After Cesarean - ROS



## Review of Compliance with Medicaid and CHIP Managed Care Regulations

### Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards

To assess MCP compliance with federal and state Medicaid standards, the NYSDOH conducts a full operational survey, every two years, of MCP compliance with the standards in *Title 42 CFR Part 438 Subpart D*, *Title 42 CFR § 438.330*, the *Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract*, *New York State PHL Article 44* and *Article 49*, and *NYCRR Part 98-Managed Care Organizations*. The results of the most recent operational survey, including the number of deficiencies and/or citations received by the MCP, are presented by federal Medicaid standards in **Table 3**. Deficiencies represent a failure to comply with these standards. Each deficiency can result in multiple citations to reflect each standard with which the MCPs were not in compliance. Six (6) of the 15 MCPs were fully compliant with the standards of *Title 42 CFR Part 438 Subpart D* and *Title 42 CFR § 438.330*.

Detailed findings for the MCPs that were not fully compliant are in **Section VI** of this report.

Detailed information on the objectives, technical methods of data collection and description of data collected is available in **Appendix IX**.

**Table 3: Evaluation 42 CFR Part 438 Subpart D and QAPI Standards<sup>1</sup>**

<b>Part 438 Subpart D and QAPI Standards</b>	<b>Affinity</b>	<b>BCBS WNY</b>	<b>CDPHP</b>	<b>Empire BCBS HealthPlus</b>	<b>Excellus</b>	<b>Fidelis</b>	<b>Healthfirst</b>	<b>HIP</b>	<b>IHA</b>	<b>MetroPlus</b>	<b>Molina</b>	<b>MVP</b>	<b>UHCCP</b>	<b>WellCare</b>	<b>YourCare</b>
<b>438.206: Availability of Services</b>	Met	D=3 C=5	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	D=1 C=1	Met	Met
<b>438.207: Assurances of adequate capacity and services</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.208: Coordination and continuity of care</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.210: Coverage and authorization of services</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	D=1 C=1	D=1 C=1	Met	D=1 C=1	D=1 C=1	Met
<b>438.214: Provider selection</b>	Met	D=3 C=6	Met	D=1 C=1	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.224: Confidentiality</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.228: Grievance and appeal system</b>	D=3 C=4	D=1 C=1	Met	Met	D=1 C=0	Met	D=7 C=8	Met	Met	Met	Met	Met	D=1 C=1	D=1 C=1	Met
<b>438.230: Sub-contractual relationships and delegation</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.236: Practice guidelines</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.242: Health information systems</b>	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met
<b>438.330: QAPI</b>	Met	D=1 C=1	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	D=1 C=1	Met	Met

<sup>1</sup> Since each deficiency can result in multiple citations, the number of deficiencies and the number of citations may differ.

C: citation. D: deficiency.

## Evaluation of MCP Compliance with NYS Operational Standards

In addition to the full operational survey conducted every two years, the NYSDOH also conducts several focused reviews as part of the monitoring of structure and operation standards. The focused review types are summarized in **Table 4**. The MCPs are required to submit plans of correction in response to deficiencies identified in any of these reviews.

**Table 4: Focused Review Types**

Review Name	Review Description
<b>Access and Availability</b>	Provider telephone survey of all MMC plans performed by the NYSDOH EQRO to examine appointment availability for routine and urgent visits; re-audits are performed when results are below 75%.
<b>Complaints</b>	Investigations of complaints that result in an SOD being issued to the plan.
<b>Contracts</b>	Citations reflecting non-compliance with requirements regarding the implementation, termination, or non-renewal of MCP provider and management agreements.
<b>Disciplined/Sanctioned Providers</b>	Survey of the Provider Network Data System (PNDS) to ensure providers that have been identified as having their licenses revoked or surrendered, or otherwise sanctioned, are not listed as participating with the MCP.
<b>Medicaid Encounter Data System</b>	Citations reflecting non-compliance with requirements to report MCP encounter data to the NYSDOH.
<b>Member Services Phone Calls</b>	Telephone calls are placed to Member Services by area office staff to determine telephone accessibility and to ensure correct information is being provided to callers.
<b>Provider Directory Information</b>	Provider directories are reviewed to ensure that they contain the required information.
<b>Provider Information—Web</b>	Review of MCPs' web-based provider directory to assess accuracy and required content.
<b>Provider Network</b>	Quarterly review of PNDS network submissions for adequacy, accessibility, and correct listings of primary, specialty, and ancillary providers for the enrolled population.
<b>Provider Participation—Directory</b>	Telephone calls are made to a sample of providers included in the provider directory to determine if they are participating, if panels are open, and if they are taking new Medicaid patients. At times, this survey may be limited to one type of provider.
<b>QARR</b>	Citations reflecting non-compliance with requirements to submit MCP QARR data to the NYSDOH.
<b>Ratio of PCPs to Medicaid Clients</b>	Telephone calls are placed to PCPs with a panel size of 1,500 or more Medicaid clients. The calls are used to determine if appointment availability standards are met for routine, non-urgent "sick" and urgent appointments.
<b>Other</b>	Used for issues that does not correspond with the available focused review types.

MCP: managed care plan. MMC: Medicaid managed care. NYSDOH: New York State Department of Health. PCP: primary care provider/practitioner. QARR: Quality Assurance Reporting Requirements. SOD: statement of deficiency.

**Table 5** reflects the total number of citations received by each MCP for the most current operational survey, as well as from the focused reviews conducted in 2019. There were a total of 53 operational citations and 10 focused review citations. Sixty percent (60%) of the MCPs received at least two citations for their performance on the operational survey and focused reviews.

**Table 5: Summary of Citations for Compliance with NYS Standards —2019**

<b>MCP</b>	<b>Operational Citations</b>	<b>Focused Review Citations</b>	<b>Total Citations</b>
<b>Affinity</b>	7	1	8
<b>BCBS WNY</b>	13	1	14
<b>CDPHP</b>	0	1	1
<b>Empire BCBS HealthPlus</b>	1	0	1
<b>Excellus</b>	1	0	1
<b>Fidelis</b>	0	0	0
<b>Healthfirst</b>	14	0	14
<b>HIP</b>	1	0	1
<b>IHA</b>	0	2	2
<b>MetroPlus</b>	2	0	2
<b>Molina</b>	3	1	4
<b>MVP</b>	0	0	0
<b>UHCCP</b>	5	2	7
<b>WellCare</b>	2	2	4
<b>YourCare</b>	4	0	4
<b>Statewide Total</b>	<b>53</b>	<b>10</b>	<b>63</b>

MCP: managed care plan. NYS: New York State.

## Administration or Validation of Quality of Care Surveys

### Member Satisfaction

The NYSDOH sponsors a member experience survey every other year for adults enrolled in a Medicaid MCP. The results from this biannual survey are used to determine variation in member satisfaction among the MCPs. The CAHPS surveys ask consumers and patients to report on and evaluate their experiences accessing healthcare provided under the NYS Medicaid MMC program.

IPRO subcontracted with DataStat, Inc., a certified-NCQA CAHPS vendor, who conducted the survey on behalf of the NYSDOH using the CAHPS 5.0H Adult Medicaid survey. The survey included the 15 MCPs with a sample of 2,000 adults per plan. Prior to the vendor preparing the sample, IPRO validated the sample frame provided by the NYSDOH. Questionnaires were sent to 30,000 members following a mail only methodology during the period October 3, 2019, through December 31, 2019, using a standardized survey procedure and questionnaire. Statewide, a total of 3,418 responses were received resulting in a 11.4% response rate.

The CAHPS® 5.0H survey uses a 0-10 rating for assessing overall experience with personal doctors, specialists, health care and health plans. In the four ratings graphs, proportions of respondents assigning ratings of "8", "9", or "10" are reported as achievement scores. Questions that relate to the same broad domain of performance are grouped together for the purpose of reporting. For example, the domain Getting Care Quickly includes questions about how soon appointments were scheduled. Composite achievement scores reflect responses of "Usually" or "Always" for the first four composites. Responses of "Yes" are considered achievements for the Shared Decision Making composite.

MCP results are presented in **Section VI** of this report. General observations include:

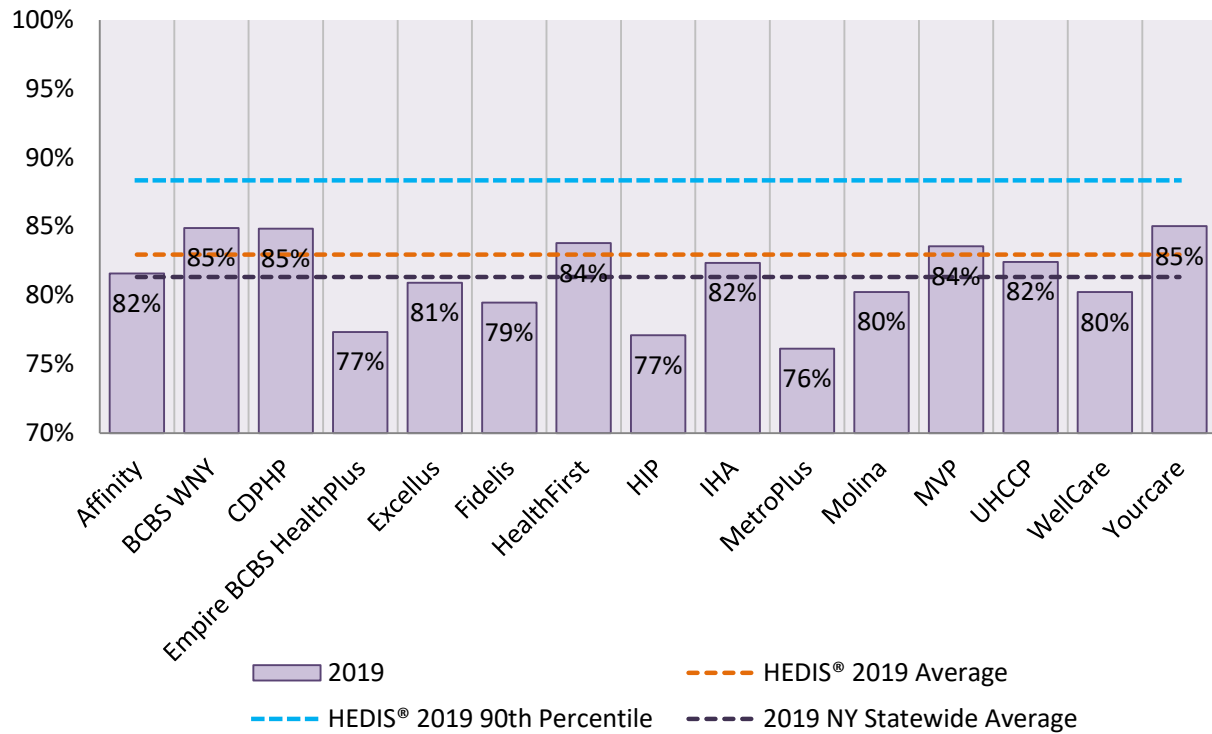
- **Getting Care Needed** – Five (5) of the 15 MCPs achieved a score that exceeded the national Medicaid average score. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 81% did not meet the national Medicaid average.
- **Getting Care Quickly** – Five (5) of the 15 MCPs achieved a score that exceeded the national Medicaid average. Three (3) of the 15 MCP scores exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 81% did not meet the national Medicaid average.
- **Customer Service** – Five (5) of the 15 MCPs achieved a score that exceeded the national Medicaid average. Four (4) of the 15 MCP scores exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 87% did not meet the national Medicaid average.
- **Coordination of Care** – Nine (9) of the 15 MCPs achieved a score that exceeded the statewide average score of 81%. *(Note: There are no national benchmarks for this measure.)*
- **Collaborative Decision Making** – Ten (10) of the 14 MCPs achieved a score that exceeded the statewide average score of 80%. *(Notes: WellCare's score was not reported due to a small sample size but was included in the calculation of the statewide average. There are no national benchmarks for this measure.)*



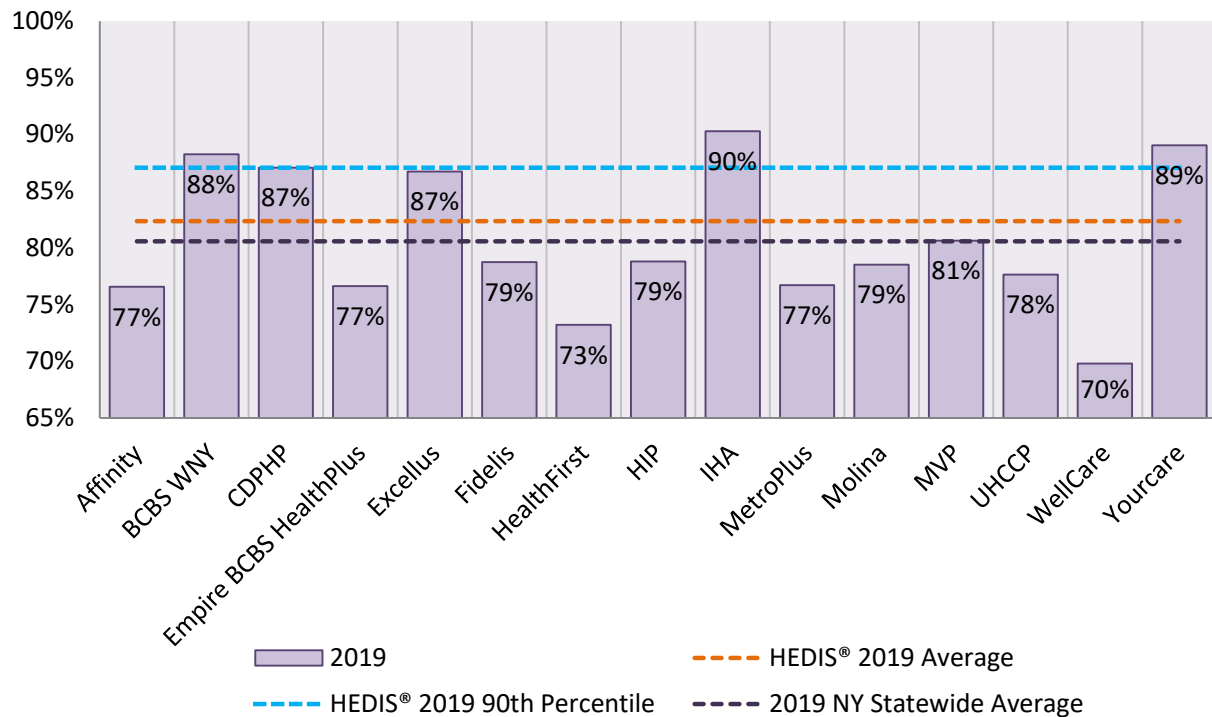
- **Rating of Personal Doctor** – Five (5) of the 15 MCPs achieved a score that exceeded the national Medicaid average. One (1) of the 15 MCP scores exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 81% did not meet the national Medicaid average.
- **Rating of Specialist** – Five (5) of the 15 MCPs achieved a score that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 82% did not meet the national Medicaid average.
- **Rating of Overall Healthcare** – Six (6) of the 15 MCPs achieved a score that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 75% did not meet the national Medicaid average.
- **Satisfaction with Provider Communication** – Three (3) of the 15 MCPs achieved a score that exceeded the national Medicaid average. No MCP rate met the national Medicaid 90<sup>th</sup> percentile. The statewide average score of 92% did not meet the national Medicaid average.
- **Rating of Counseling/Treatment** – Six (6) of the eight (8) MCPs achieved a score that exceeded the statewide average score of 62%. *(Notes: Scores for Affinity, Empire BCBS HealthPlus, Fidelis, Healthfirst, MetroPlus, UHCCP and WellCare were not publically reported due to small sample sizes but are included in the calculation of the statewide average. There are no national benchmarks for this measure.)*
- **Rating of Health Plan** – Five (5) of the 15 MCPs achieved a score that exceeded the national Medicaid average. One (1) of the 15 MCP scores exceeded the national Medicaid 90<sup>th</sup> percentile. The statewide score of 76% did not meet the national Medicaid average.
- **Rating of Health Plan-High Users** – Seven (7) of the 15 MCPs achieved a score that exceeded the statewide average score of 77%. *(Note: There are no national benchmarks for this measure.)*
- **Wellness Discussion** – Nine (9) of the 15 MCPs achieved a score that exceeded the statewide average score of 75%. *(Note: There are no national benchmarks for this measure.)*
- **Getting Needed Counseling/Treatment** – Six (6) of the eight (8) MCPs achieved a score that exceeded the statewide average score of 71%. *(Notes: Scores for Affinity, Empire BCBS HealthPlus, MetroPlus, UHCCP and WellCare were not publically reported due to small sizes but were included in the calculation of the statewide average. There are no national benchmarks for this measure.)*
- **Recommend Plan to Others** – Six (6) of the 15 MCPs achieved a score that exceeded the statewide average score of 91%. *(Note: There are no national benchmarks for this measure.)*

MCP and statewide performance on member satisfaction measures reported above are displayed in the graphs that immediately follow. The national Medicaid averages and national Medicaid 90<sup>th</sup> percentiles from the NCQA 2020 *Quality Compass* for MY 2019 are also displayed.

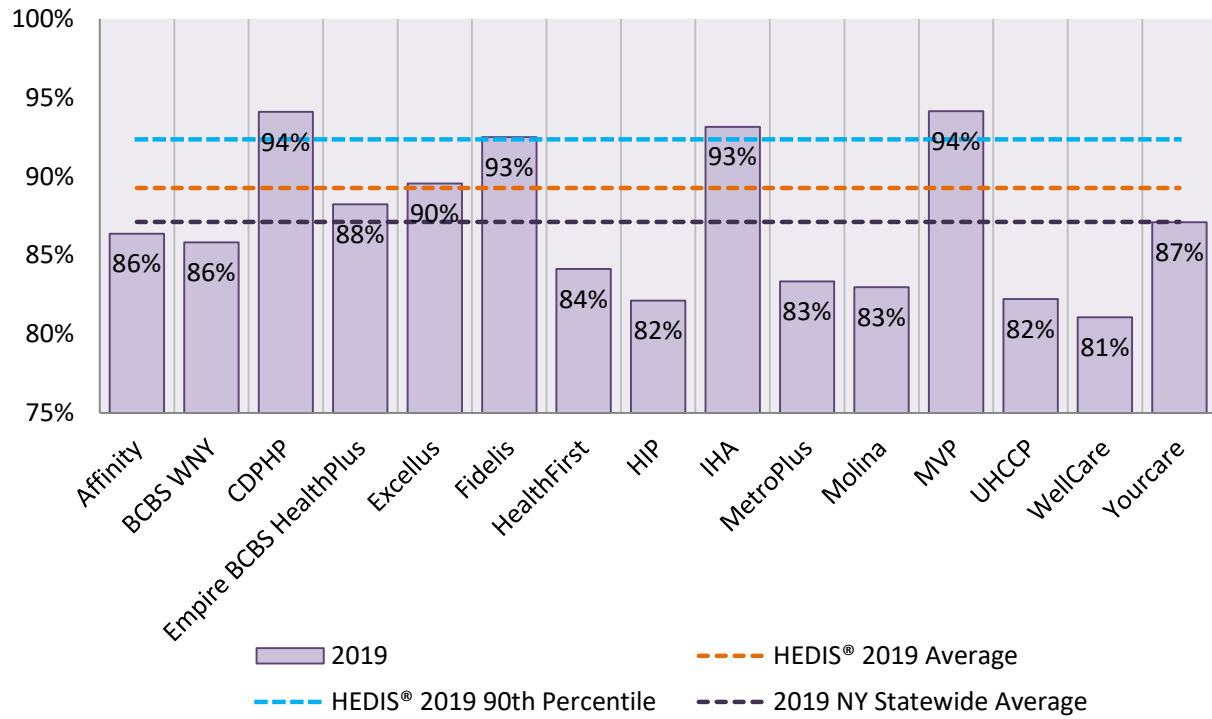
### Getting Care Needed



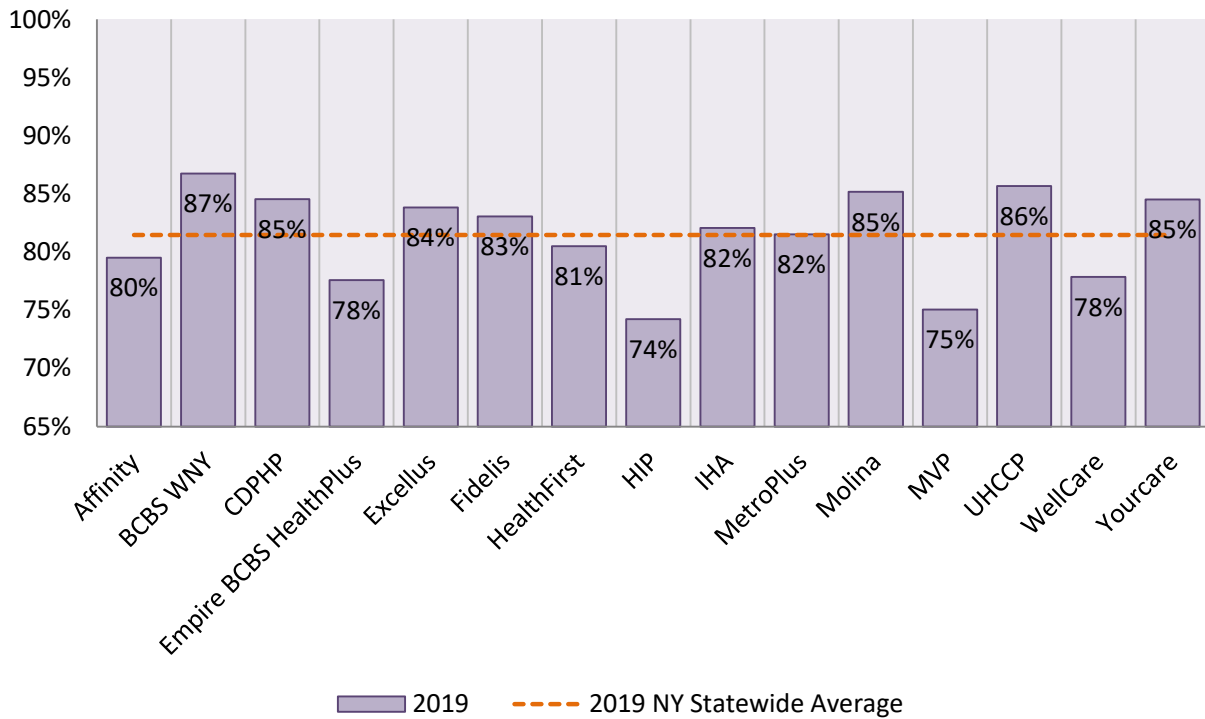
### Getting Care Quickly



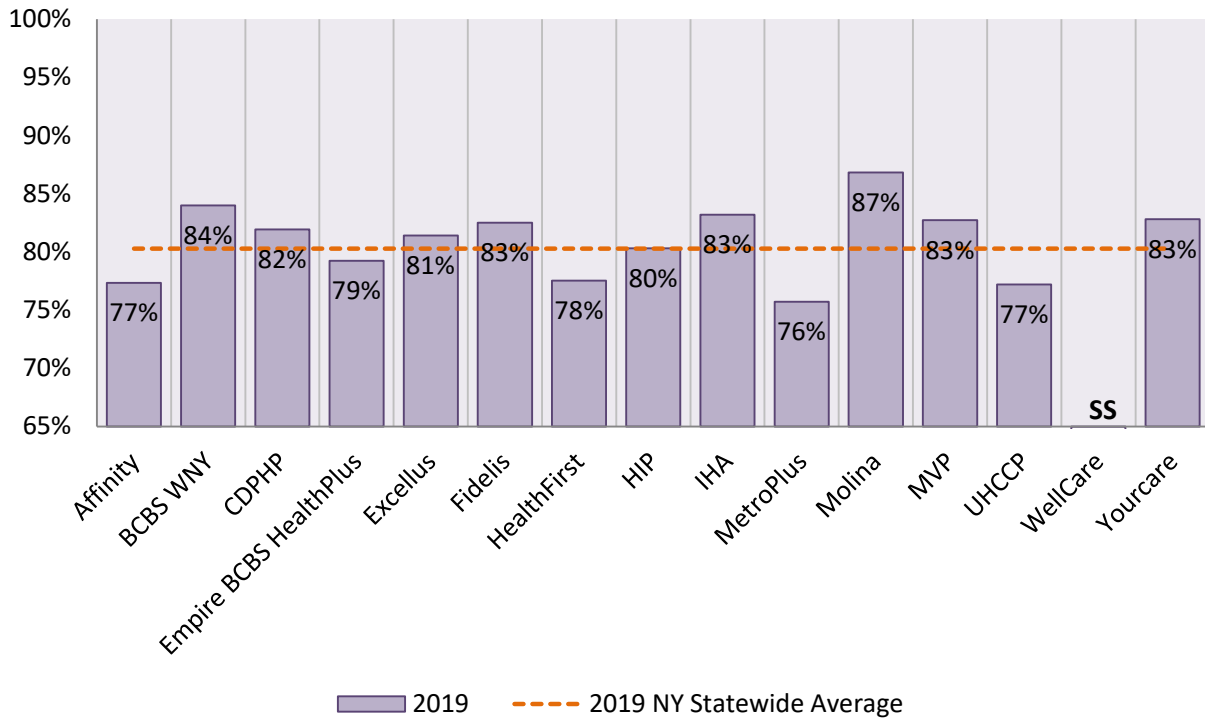
### Customer Service



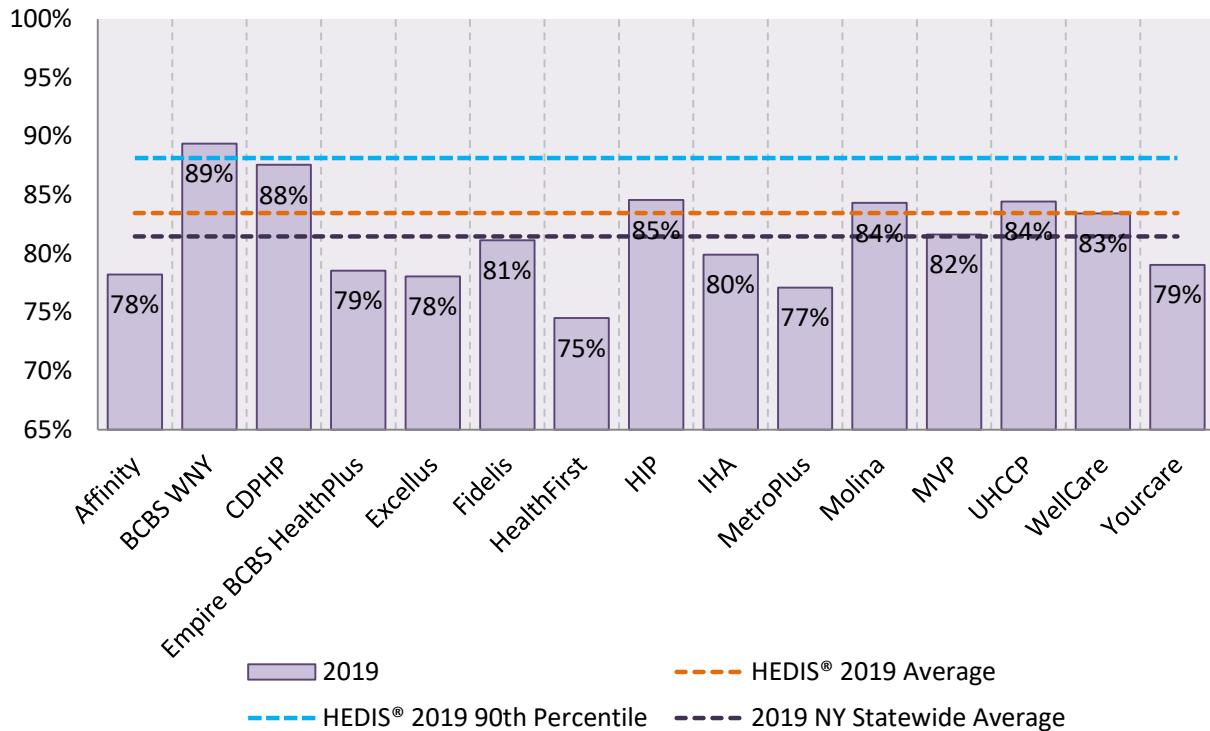
### Coordination of Care



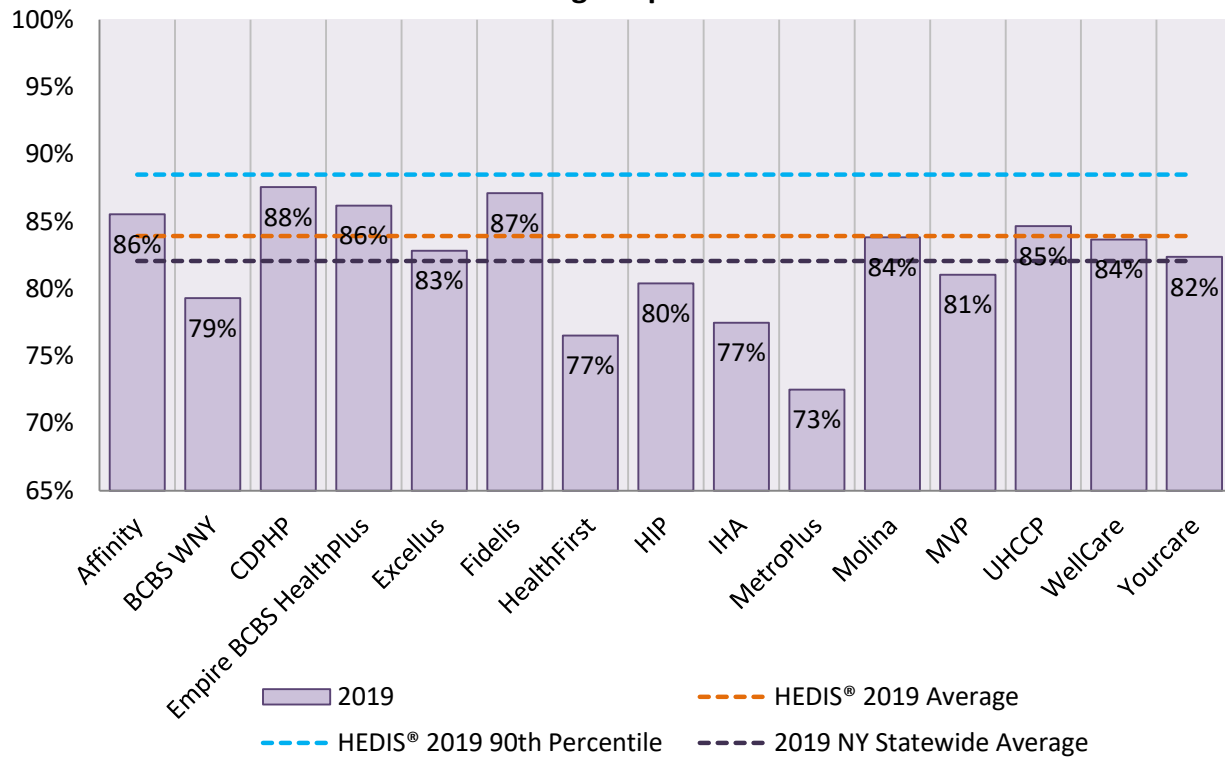
### Collaborative Decision Making



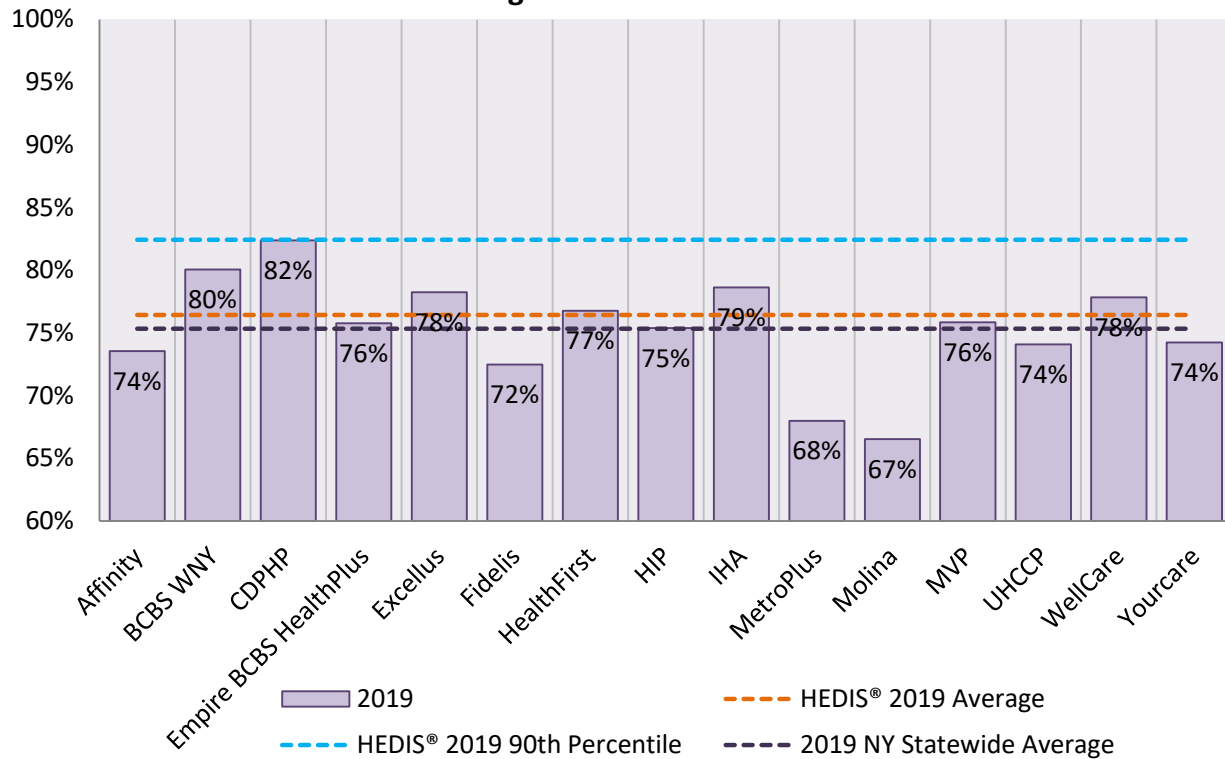
### Rating of Personal Doctor



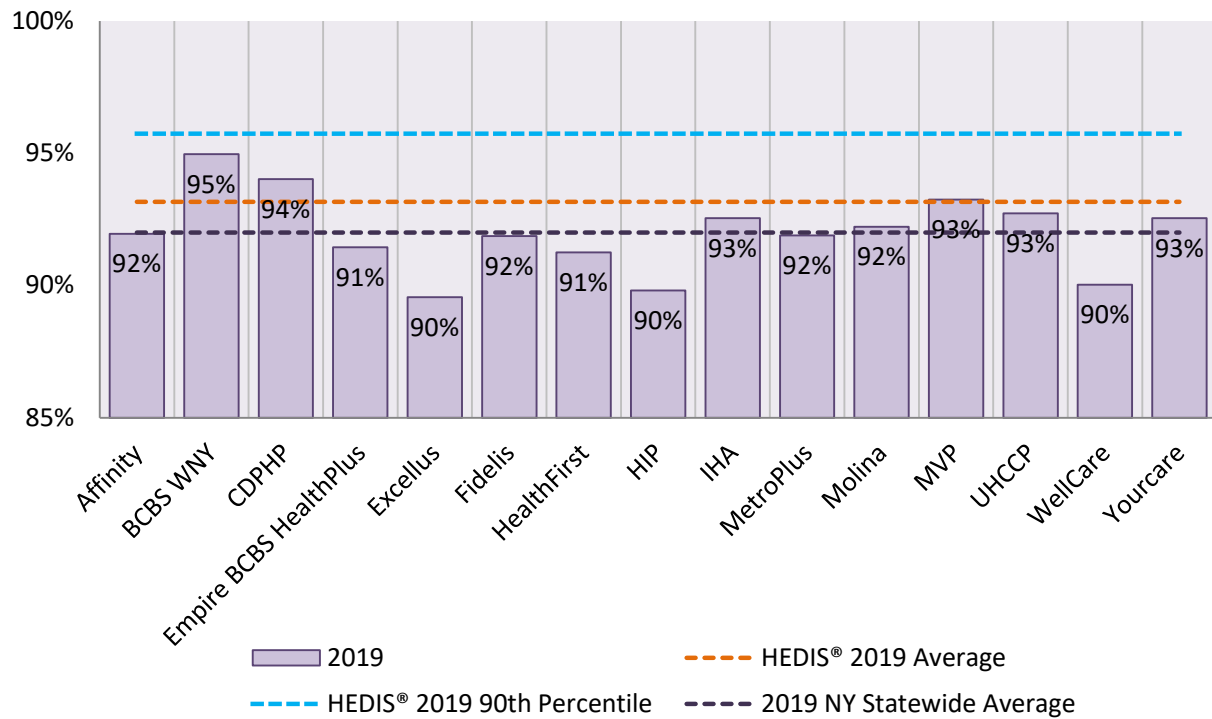
### Rating of Specialist



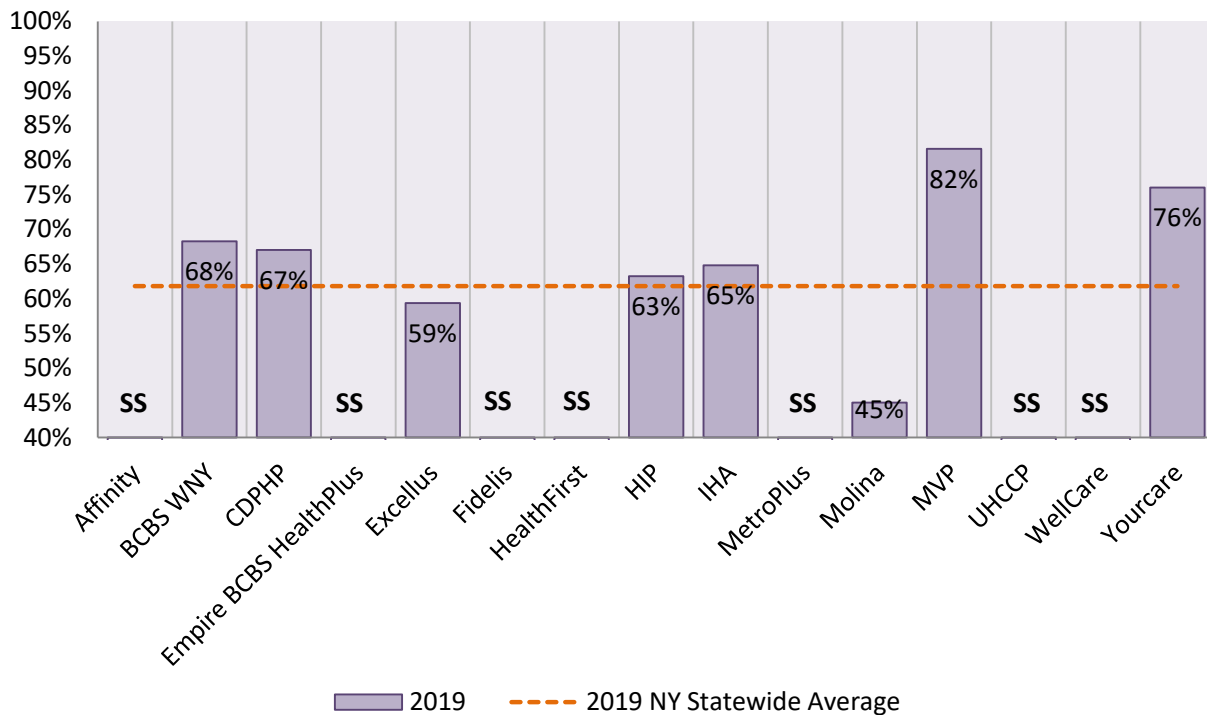
### Rating of Overall Healthcare



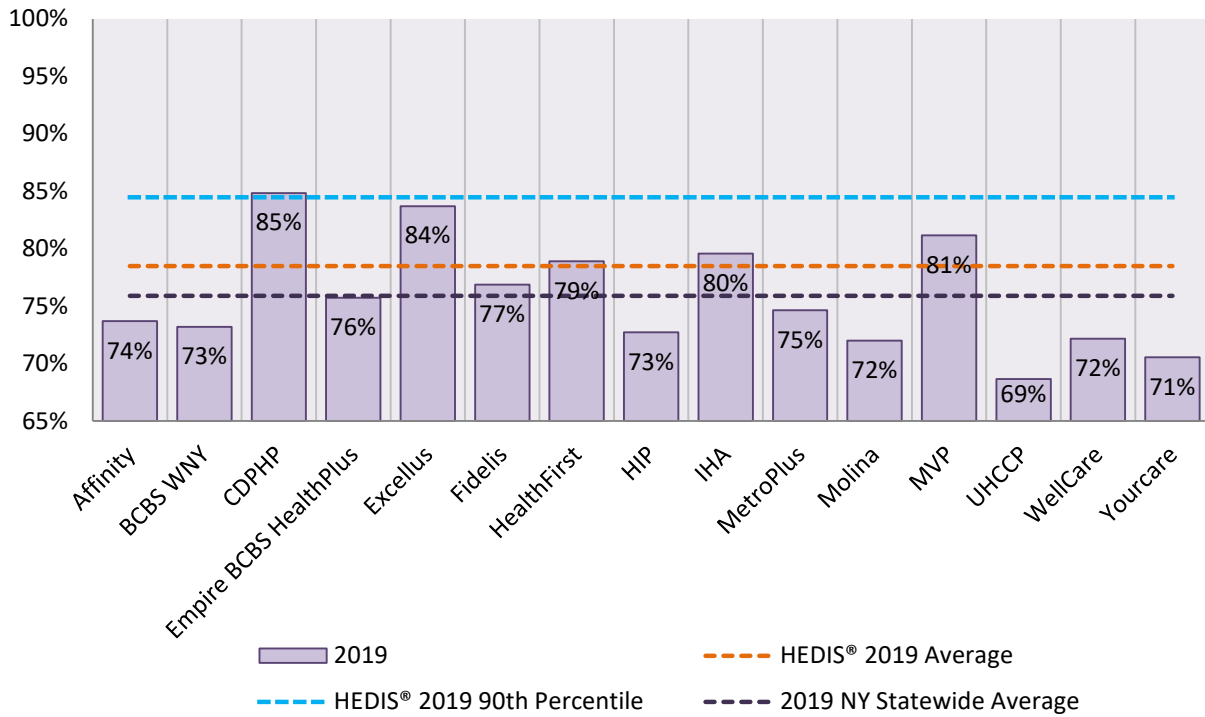
### Satisfaction with Provider Communication



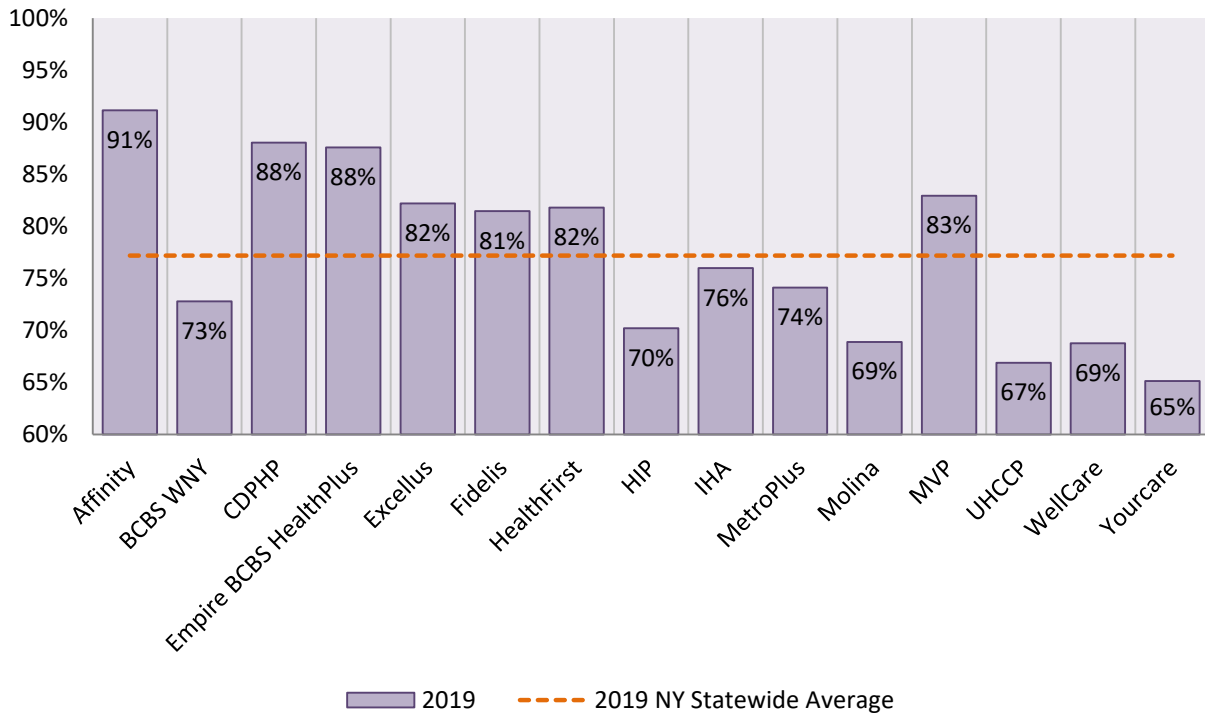
### Rating of Counseling/Treatment



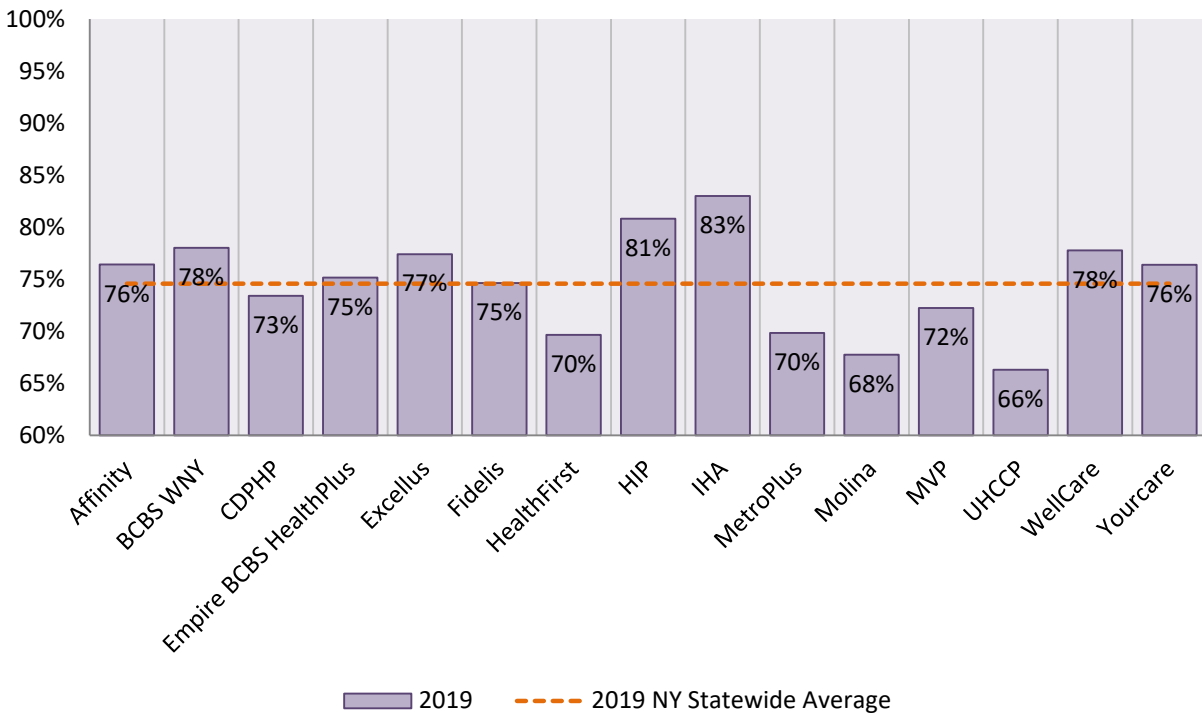
## Rating of Health Plan



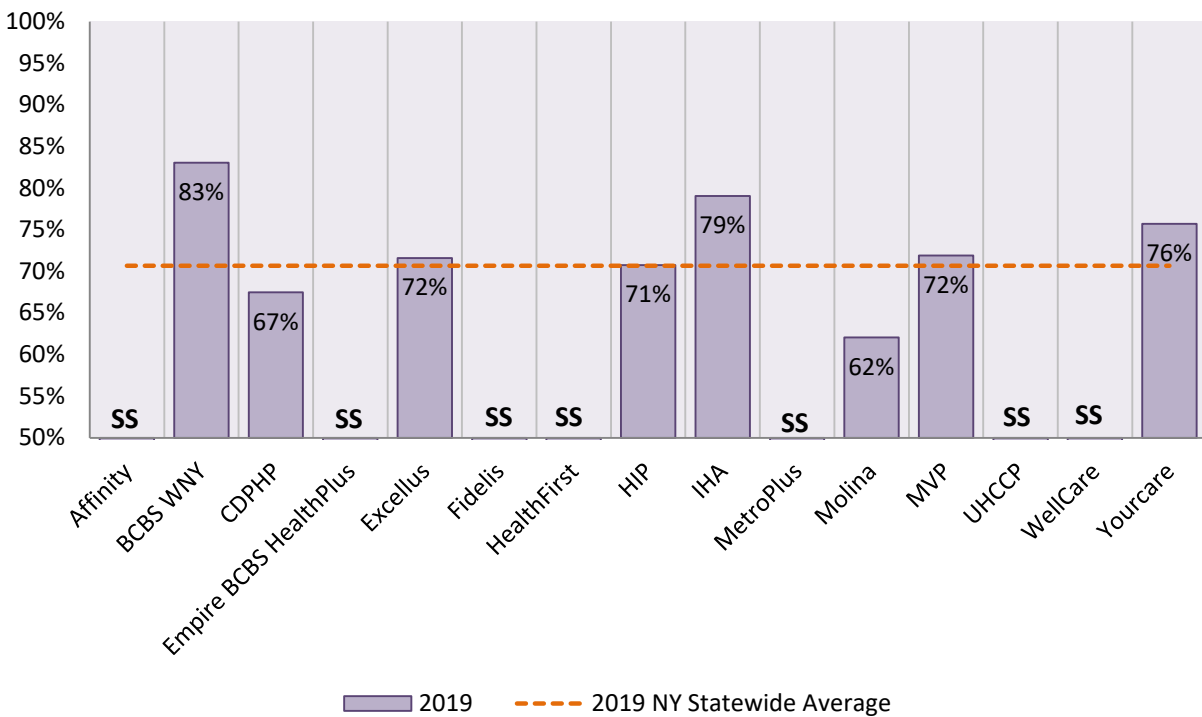
## Rating of Health Plan - High Users



## Wellness Discussion

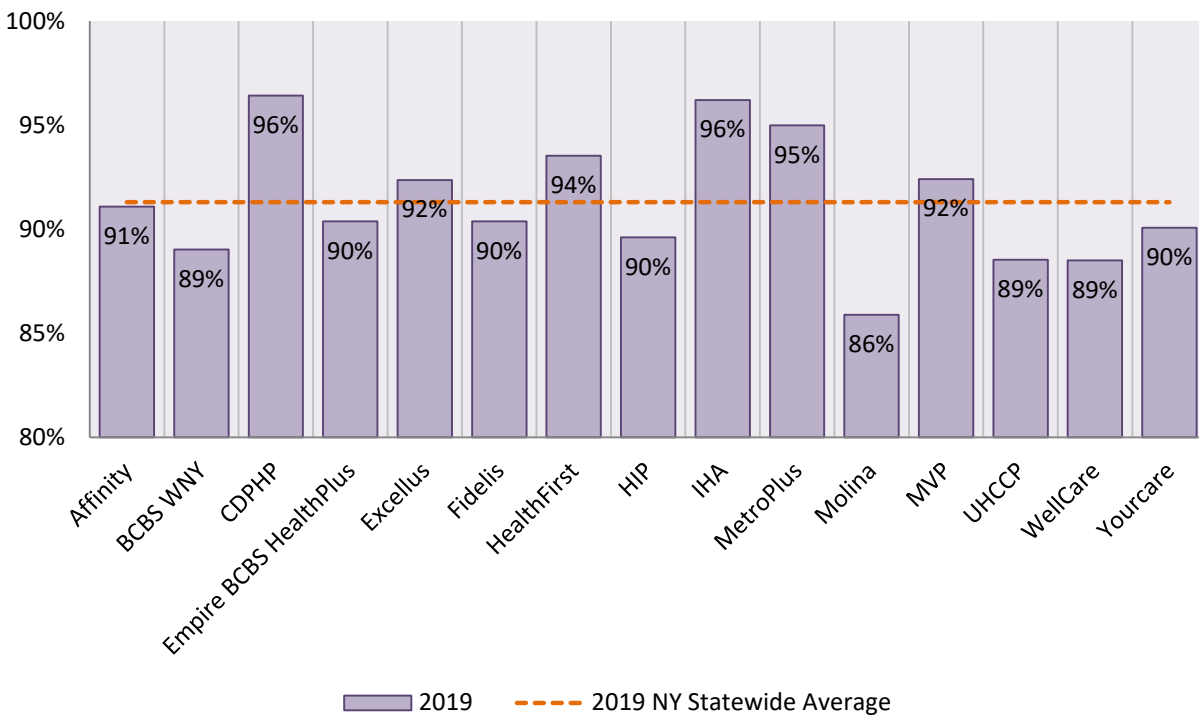


## Getting Needed Counseling/Treatment





## Recommend Plan to Others



## Conclusions

The NYS quality strategy aligns with CMS's requirements and provides a framework for MCPs to follow while aiming to achieve improvements in the quality of, timeliness of and access to care. In addition to conducting the required EQR activities, NYS's quality strategy includes state- and MCP-level activities that expand upon the tracking, monitoring and reporting of performance as it relates to the Medicaid service delivery system.

In addition to requiring participating MCPs to meet federal Medicaid standards, NYS also requires these MCPs to meet rules and regulations that push the MCPs to go beyond the minimum standards of care. The NYS MMC program aims to improve health outcomes and increase health equity for Medicaid enrollees, and for all New Yorkers, through a variety of programs that target populations with specific healthcare needs.

The overall results of the EQR activities included in this report, indicate that the NYSDOH actively holds the MCPs accountable in achieving the goals in the state's quality strategy.

## Recommendations to the NYSDOH

While revamping the quality strategy, IPRO recommends that the NYSDOH consider the following:

- Approaches to collaborating with community based organizations to promote preventive screenings, immunizations and the management of chronic conditions.
- Promotion of integrated care for mother and baby to address maternal and infant mortality.
- A recommitment to addressing disparities in health outcomes.
- Identification of resources to expand telehealth across the state.
- Promotion of pharmacotherapy to treat obesity.
- Combat the long-term effects of NYS being an epicenter of Coronavirus disease of 2019 (COVID-19).
- Approaches to improving the quality and breadth of the statewide Medicaid provider network.

## VI. MCP-Level Reporting

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### Introduction

#### Performance Improvement Project Findings

This section displays the MCP's 2019 PIP topic, summary of interventions and results achieved. The corresponding tables display performance indicators, baseline rates, interim rates, and targets/goals.

#### Performance Measures Findings

This section displays the MCP-level HEDIS/QARR performance rates for MY 2017, 2018, and 2019, as well as the statewide average rates for MY 2019. The corresponding tables indicate whether the MCP's rate was statistically better than the statewide average rate (indicated by ▲) or whether the MCP's rate was statistically worse than the statewide average rate (indicated by ▼). An MCP statistically exceeding the statewide average rate for a measure was considered a strength during this evaluation, while an MCP rate reported statistically below the statewide average rate was considered an opportunity for improvement.

#### Compliance with Medicaid and CHIP Managed Care Regulations Findings

This section displays the total number of deficiencies and citations received by an MCP for the most current operational survey, as well as specific findings from the operational survey. This section also includes the number of citations received by an MCP for the focused reviews conducted in 2019. (Note: Since each deficiency can result in multiple citations, the number of deficiencies and the number of citations may differ.) An MCP achieving full compliance with federal Medicaid standards and/or NYS standards was considered a strength during this evaluation, while non-compliance with a standard was considered an opportunity for improvement.

#### Quality of Care Survey Findings – Member Satisfaction

This section displays the MCP-level CAHPS performance for 2019. The corresponding tables display the satisfaction domains, individual supplemental questions, MCP scores, and the statewide average scores for MYs 2015, 2017, and 2019. The table also indicates whether the MCP's score was significantly better than the statewide average score (indicated by ▲) or whether the MCP's score was significantly worse than the statewide average score (indicated by ▼). An MCP scoring statistically better than the statewide average score for a satisfaction domain was considered a strength during this evaluation, while an MCP score statistically worse than the statewide average score was considered an opportunity for improvement.

## **Assessment of MCP Follow-up on Prior Recommendations**

*Title 42 CFR § 438.364 External quality review results (a)(6)* require each annual technical report include “an assessment of the degree to which each MCP, PIHP, PAHP, or PCCM entity has addressed effectively the recommendations for QI made by the EQRO during the previous year’s EQR.” IPRO requested that each MCP describe how its organization addressed the recommendations from the RY 2018 EQR Technical Report. MCP responses are reported in this section of the report.

## Affinity Health Plan, Inc.

### Performance Improvement Project Findings

I PRO's validation of Affinity's 2019-2021 PIP confirmed its alignment with the CMS EQR *Protocol 1. Validation of Performance Improvement Projects*.

In 2019, Affinity aimed to improve the incidences of screening and subsequent follow-up among its child members for three conditions of critical importance during infancy and childhood that require early intervention: 1) blood lead testing, 2) screening for hearing loss, and 3) screening for any developmental delays; and to improve the health outcomes for the youngest of its member population.

The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Educated members via newsletter, member portal and CSCs.
- Created specialized telephonic alert encouraging members with children having capillary elevated blood lead levels (EBLLs) to see their provider for follow-up and management.
- Conducted quarterly telephonic outreach to patient caregivers, educating them on the importance of hearing screening and encouraging them to follow-up with their child's doctor.
- Developed new parent maternal education packet with information and materials containing the components of a newborn visit and the description of important milestones in child development.

#### Provider-Focused Interventions:

- Outreached to high-volume, low performing provider groups with high well-child visit rates and low lead testing rates to identify possible billing issues and to develop corrective action plans.
- Outreached to low performing provider groups with patients 9-18 months of age and/or 18-36 months of age that have not had a capillary or venous blood test to conduct root cause analysis discussions and to develop corrective action plans.
- Educated provider groups on the clinical guidelines for follow-up testing for members with EBLL, and to discuss barriers to adhering to the guidelines.
- Educated providers via newsletter, fax blast and through the provider portal on screening requirements, appropriate coding, availability of a provider toolkit.
- Hosted a webinar for provider groups on the submission of supplemental data.
- Produced monthly and bi-annual reports for providers identifying members with missing screenings and lab results requiring follow-up and monitoring,

#### MCP-Focused Interventions:

- Established a bi-monthly data exchange between Affinity and the New York State Childhood Information Immunization System (NYSIIS) and the New York City Citywide Immunization Registry (NYC CIR).

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	30.65%	45.28%	35%
Blood lead test: Age 2 years	66.68%	67.48%	70%
Blood lead test: Age 1 and 2 years	23.45%	28.91%	27%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	45.45%	55.10%	50%
Confirmed venous BLL of $\geq 5$ mcg/dl	98.33%	100%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	77.97%	92.59%	82%
Confirmed venous BLL $\geq 10$ mcg/dl	75.68%	85.19%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	75%	88.41%	79%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	74.49%	80.08%	78.50%
Did not pass screening by 1 month of age	1.04%	1.71%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audio-logical evaluation by 3 months of age	31.58%	34.92%	50%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	33.33%	9.09%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	100%	100%
Completed hearing screening before 3 months of age	74.78%	80.08%	78.80%
Did not pass hearing screening; had a diagnostic audio-logical evaluation before 6 months of age	36.59%	33.69%	50%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	85.71%	100%	100%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	58.54%	58.49%	63%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	78.23%	90.62%	82%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	36.78%	40.03%	41%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	57.70%	61.66%	62%
Standardized autism screening by 30 months of age: 1 claim for autism screening	4.87%	11.47%	9%

Standardized autism screening by 30 months of age: 2 claims for autism screening	3.12%	5.23%	7%
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## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that Affinity met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	89	96 ▲	96 ▲	90
WCC—BMI Percentile	83	84	88	88
WCC—Counseling for Nutrition	80	81	85	84
WCC—Counseling for Physical Activity	72	76	81 ▲	76
Childhood Immunizations—Combo 3	77	81 ▲	81 ▲	74
Lead Screening in Children	90	91	91	89
Adolescent Immunizations—Combo 2	49 ▲	42	44	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	71	88 ▲	88 ▲	71
Adolescents—Depression <sup>1</sup>	65	88 ▲	88 ▲	68
Adolescents—Sexual Activity <sup>1</sup>	70	67	72	68
Adolescents—Tobacco Use <sup>1</sup>	75	89 ▲	89 ▲	75
Breast Cancer Screening	68 ▼	69 ▼	72	71
Colorectal Cancer Screening	61	65	65	64
Chlamydia Screening (Ages 16-24)	77 ▲	79 ▲	81 ▲	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	86 ▼	89 ▼	89	89
Spirometry Testing for COPD	50	54	48	52
Use of Imaging Studies for Low Back Pain	75	77	77	79
Pharmacotherapy Management for COPD—Bronchodilators	91	93	89	89
Pharmacotherapy Management for COPD—Corticosteroids	80	75	72	76
Medication Management for People with Asthma 50% (Ages 19-64)	66	66 ▼	66	69
Medication Management for People with Asthma 50% (Ages 5-18)	49 ▼	50 ▼	52 ▼	60
Asthma Medication Ratio (Ages 19-64)	50 ▼	51 ▼	51 ▼	57
Asthma Medication Ratio (Ages 5-18)	53 ▼	69	64	66
Persistence of Beta-Blocker Treatment After a Heart Attack	76	70	81	87
CDC—HbA1c Testing	91	99 ▲	99 ▲	93
CDC—HbA1c Control (<8%)	52 ▼	57	57	61
CDC—Eye Exam Performed	63	80 ▲	80 ▲	68
CDC—Nephropathy Monitor	90	91	91	93

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
CDC—BP Controlled (<140/90 mm Hg)	54 ▼	59 ▼	69	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	83	84		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	92	91		
Appropriate Treatment for URI	96 ▲	96 ▲	88	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	45 ▲	45 ▲	53 ▲	48
HIV Viral Load Suppression <sup>1</sup>	78	77	78	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	44		44	46
Advising Smokers to Quit <sup>2</sup>	85		70	79
Smoking Cessation Medications <sup>2</sup>	54		52	62
Smoking Cessation Strategies <sup>2</sup>	46		44	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	50	50	48 ▼	54
Antidepressant Medication Management—Effective Continuation Phase	34 ▼	35	33 ▼	38
Follow-Up Care for Children on ADHD Medication—Initiation	63	74 ▲	67 ▲	58
Follow-Up Care for Children on ADHD Medication—Continue	75	83 ▲	80 ▲	67
Follow-Up After Hospitalization for Mental Illness—30 Days	70 ▼	78 ▲	83	79
Follow-Up After Hospitalization for Mental Illness—7 Days	52 ▼	65	68	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	81	77 ▼	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	79	83	78	80
Antipsychotic Medications for Schizophrenia	62	65	63	64
Utilization				
Well-Child Visits—First 15 Months	83 ▲	88 ▲	77 ▲	69
Well-Child Visits—3 to 6 Year Olds	82 ▼	86	86	86
Adolescent Well-Care Visits	64 ▼	70 ▲	69	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	96	97	97	97
25 Months-6 Years	91 ▼	93 ▼	92 ▼	94
7-11 Years	93 ▼	96 ▼	94 ▼	97
12-19 Years	93 ▼	94 ▼	94 ▼	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	78 ▼	76 ▼	76 ▼	82
45-64 Years	88 ▼	86 ▼	86 ▼	89



Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
65+ Years	88 ▼	88 ▼	87 ▼	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	92 ▲	87		
Postpartum Care	68	75 ▲	75 ▼	83
Annual Dental Visit <sup>4</sup>	53 ▼	62 ▲	64 ▲	62

Note: Rows shaded in grey indicate that the measure is not required to be reported.

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>NYC</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	8%	7%
Prenatal Care in the First Trimester	73% ▼	73% ▼	70%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	15%	-	13%	14%
Vaginal Birth After Cesarean	11% ▼	-	14%	20%
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	8%	-	9%	7%
Prenatal Care in the First Trimester	76%	77%	69%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	14%	-	15%	13%
Vaginal Birth After Cesarean	12%	-	8%	14%

Note: Some of the 2017 prenatal rates were not available at the time of the report

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that Affinity was fully compliant with ten of the 11 federal Medicaid requirements reviewed.

<b>Part 438 Subpart D and QAPI Standards</b>	<b>Findings</b>
<b>42 CFR 438.206: Availability of Services</b>	Met
<b>42 CFR 438.207: Assurances of adequate capacity and services</b>	Met
<b>42 CFR 438.208: Coordination and continuity of care</b>	Met
<b>42 CFR 438.210: Coverage and authorization of services</b>	Met
<b>42 CFR 438.214: Provider selection</b>	Met
<b>42 CFR 438.224: Confidentiality</b>	Met
<b>42 CFR 438.228: Grievance and appeal system</b>	<b>D=3, C=4</b>
<b>42 CFR 438.230: Sub-contractual relationships and delegation</b>	Met
<b>42 CFR 438.236: Practice guidelines</b>	Met
<b>42 CFR 438.242: Health information systems</b>	Met
<b>42 CFR 438.330: Quality assessment and performance improvement program</b>	Met

- Based on staff interview and review of the initial adverse determination notices, Affinity and its delegates DentaQuest and EviCore failed to include instructions on how to initiate an external appeal. This was evident in nine of 11 CHP pre-authorization utilization review cases reviewed. Specifically, the notice did not include the phone number that the enrollee may contact Affinity to request an external appeal application and instructions.
- Based on staff interview and review of the initial adverse determination notices, Affinity and its delegate EviCore failed to include the required information in the notification of continued or extended services. The notices did not include the date of onset of services and the next review date. This was evident in two of 11 Medicaid concurrent utilization review cases reviewed.
- Based on staff interview and review of the final adverse determination notice, Affinity failed to ensure its delegate DentaQuest issued a notice that was factual in nature. The notice issued to the CHP enrollee incorrectly included fair hearing rights. CHP enrollees are not eligible for a fair hearing. This was evident in one of two CHP expedited utilization review appeals cases reviewed.
- Based on staff interview and review of the initial adverse determination notices, Affinity and its delegate Beacon failed to provide telephone notice to the enrollee and/or the enrollee's health care provider of the adverse determination by telephone within three business days. This was evident in four of 20 Medicaid and three of 11 CHP pre-authorization utilization review cases reviewed.

#### ***Evaluation of MCP Compliance with NYS Operational Standards***

The NYS focused reviews determined that Affinity was in compliance with 13 of the 14 categories. The category in which Affinity was not compliant was Service Delivery Network (1 citation). For the operational survey, Affinity was in compliance with 12 of the 14 categories. The categories in which Affinity was not compliant were Organization and Management (2 citations), and Utilization Review (5 citations).

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	0	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	0		
Medical Records	0	0		
Member Services	0	0		
Organization and Management	2	0		
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	0	1	Contracts	1
Utilization Review	5	0		
<b>Total</b>	<b>7</b>	<b>1</b>		

### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	Affinity	Statewide Average	Affinity	Statewide Average	Affinity	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	68	<b>80</b>	85	<b>80</b>	70	<b>79</b>
Coordination of Care <sup>1</sup>	84	<b>80</b>	80	<b>81</b>	80	<b>81</b>
Customer Service <sup>1</sup>	90 ▲	<b>84</b>	85	<b>86</b>	86	<b>87</b>
Flu Shots for Adults Ages 18-64	45	<b>40</b>	44	<b>42</b>	44	<b>46</b>
Getting Care Needed <sup>1</sup>	78	<b>79</b>	74	<b>79</b>	82	<b>81</b>
Getting Care Quickly <sup>1</sup>	81	<b>80</b>	73	<b>78</b>	77	<b>81</b>
Getting Needed Counseling/Treatment	86 ▲	<b>74</b>	75	<b>69</b>	SS	<b>71</b>
Rating of Counseling/Treatment	79 ▲	<b>64</b>	72	<b>60</b>	SS	<b>62</b>
Rating of Healthcare	73	<b>75</b>	75	<b>77</b>	74	<b>75</b>
Rating of Health Plan	77	<b>76</b>	74	<b>76</b>	74	<b>76</b>
Rating of Health Plan—High Users	78	<b>77</b>	81	<b>80</b>	91 ▲	<b>77</b>
Recommend Plan to Family/Friends	92	<b>93</b>	91	<b>92</b>	91	<b>91</b>
Satisfaction with Personal Doctor <sup>1</sup>	83	<b>80</b>	83	<b>81</b>	78	<b>81</b>
Satisfaction with Provider Communication <sup>1</sup>	92	<b>91</b>	94	<b>91</b>	92	<b>92</b>
Satisfaction with Specialist	76	<b>80</b>	77	<b>80</b>	86	<b>82</b>

Measure	2015		2017		2019	
	Affinity	Statewide Average	Affinity	Statewide Average	Affinity	Statewide Average
Medicaid						
Shared Decision Making <sup>1</sup>	78	79	83	80	77	80
Wellness Discussion	69	68	73	72	76	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP continues to have a rate above the statewide average for the *Adult BMI Assessment, Childhood Immunizations – Combo 3, APC: Alcohol and Other Drug Use, APC: Depression, APC: Tobacco Use, and Chlamydia Screening in Women (Ages 16-24)* measure. Additionally, the MCP had rates above the statewide average in 2019 for the *WCC: Counseling for Physical Activity* measure.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP had rates above the SWA for three consecutive years for the *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* measure. The MCP also had reported rates above the SWA in 2019 for the following measures: *CDC HbA1c Testing* and *CDC Eye Exam Performed*.
- In 2019 the MCP's rates for behavioral health HEDIS®/QARR measures were significantly better than the SWA for the *Follow-Up Care for Children on ADHD Medication (Initiation and Continue)* measures.
- In regard to the Access/Timeliness Indicators, the MCP's rate for HEDIS®/QARR *Well-Child Visits in the First 15 Months of Life-6 or More Visits* has been reported above the statewide average for three consecutive reporting years, and the rates for *Annual Dental Visit* were above the statewide average in 2019.
- Affinity's Adult CAHPS® survey had an improvement in rates for the *Rating of Health Plan – High Users* measure.

### Opportunities for Improvement:

- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP continues to demonstrate opportunities for improvement for the *Medication Management for People with Asthma 50% of Days Covered (Ages 5-18)* and *Asthma Medication Ration (Ages 19-64)* measures. These measures have been reported below the statewide average for at least three consecutive reporting years.
- In regard to the HEDIS®/QARR behavioral health measures, the MCP demonstrates an opportunity for improvement for the *Antidepressant Medication Management—Acute and Continuation Phases* and the *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Medications* measures.
- Affinity continues to demonstrate an opportunity for improvement in regard to the Access of Care measures. The MCP's rates have been reported below the SWA for at least three consecutive years for the following age groups in the *Children and Adolescents' Access to Primary Care Practitioners* measure: *25 Months-6 Years, 7-11 Years, and 12-19 Years*. Additionally, the MCP's rates for all age

groups in the *Adults' Access to Preventive/Ambulatory Health Services* measure were below the SWA for at least three consecutive years. In 2019, Affinity's rate for the *Postpartum Care* measure was significantly below the SWA.

- In regard to compliance Affinity demonstrates an opportunity for improvement as it did achieve full compliance with federal and state Medicaid requirements. Affinity received one citation from the focused review survey related to Contracts under the Service Delivery Network category. Affinity also received seven citations from the operational review surveys related to Organization and Management and Utilization Review, subsequently this resulted in non-compliance with 42 CFR 438.228 – Grievances and Appeal System.

#### **Recommendations:**

- Affinity demonstrates an opportunity to improve the quality of care for members diagnosed with asthma. Two of the four asthma care-related rates in the acute and chronic care domain remained significantly worse than the statewide average rate. Affinity should continue its current strategy that includes timely provider notifications and member education, as these interventions have shown to be effective with an improvement from the MY 2018 to MY 2019 rates for the *Medication Management for People with Asthma 50% of Days Covered (Ages 5-18)* measure.
- Affinity should consider conducting a root cause analysis to identify the reasons for the decline in the quality of behavioral health care as demonstrated by low performing rates. Affinity should consider the use of a behavioral health case management program that could provide education on medication management to members and their support systems. Affinity should also consider collaborating with a community based organization (CBO) conducts face-to-face behavioral health education.
- Affinity continues to demonstrate an opportunity to improve access to care. In addition to continuing current interventions, Affinity should identify areas of its provider network that would benefit from advancements in telehealth technologies and provide resources to support implementation. Affinity should also evaluate its provider recruitment strategies to ensure its members have access to a provider network that is robust and adequate. [Repeat recommendation.]
- Affinity should put mechanisms in place to ensure utilization review staff adheres to the grievance and appeal policies and procedures.

#### **Assessment of MCP Follow-up on Prior Recommendations**

Identified Opportunity for Improvement 2018 EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
In regards to new enrollee health screenings, the MCP should make reasonable efforts to contact new enrollees within thirty (30) days of enrollment to conduct brief health screenings. This assists in determining if new members have special healthcare needs.	Affinity Health Plan has engaged the assistance of a third party to conduct follow up calls to members to remind them to complete their HRA; the third party also completes the assessment with the member telephonically. We have seen some improvement in the response rate.

Identified Opportunity for Improvement 2018 EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>With the MCP's rate for breast cancer screenings below than the statewide average, Affinity should conduct a root cause analysis to determine the reason this rate has not improved. Interventions should target the barriers of access to providers, member education and any social disparities regarding breast cancer screenings.</p>	<p>For two consecutive years, the Plan has seen a steady increase in Breast Cancer screening performance rates resulting in at or above the State's 50<sup>th</sup> percentile benchmarks. This improvement mainly can be attributed to our partnering with three high-volume providers groups with the lowest performance to enhance member outreach and education through a multi-channel approach:</p> <ul style="list-style-type: none"> <li>▪ Combined and coordinated member outreach</li> <li>▪ Implemented a Breast Cancer screening incentive and promoted it through the sites' outreach staff, through the Plan.</li> <li>▪ Generated quarterly member gaps-in-care "Report Cards" that showed members their progress toward achieving important</li> <li>▪ Distributed co-branded educational material (Plan and American Cancer Society) to all members showing the greatest risk for non-compliance based on historical utilization patterns, such as missing evidence of BCS within the past 3 years and non-utilization of any services within the past 12 months.</li> </ul> <p>Monthly provider performance reports were created to track and monitor site-level and provider-level performance and to indicate those members with which additional outreach and education were still needed. Will continue to identify and work closely with low-performing providers in the network to better understand barriers to satisfactory performance and tailor/coordinate the Plan's quality improvement activities specific to their needs.</p>
<p>Affinity demonstrates an opportunity to improve asthma care. The MCP should continue the asthma care (MMA 50%, AMR) intervention that includes a monthly robocall to members and informs providers of members who are behind in filling their prescriptions. The MCP should consider the use of pharmacists to educate members on the importance of refilling their prescriptions and providing assistance on how and when to use the medications. The MCP should also consider collaborating with a community based organization (CBO) that outreaches to members face-to-face to assist with asthma</p>	<p>The Plan has found medication adherence-related measures to be our greatest performance challenge across the board. Early root cause analysis performed with providers from our network, revealed that providers had no visibility into if/when a member filled a prescription. As a result, the Plan developed reporting that reflect back to PCP's whether or not their members had been filling the prescriptions and highlighted those who were at-risk for being less than 75% compliant. While the report had proven useful in timely identification of member requiring follow-up by the PCP, we also recognize that the prescriber of the asthma medication was not always the PCP we had listed as the assigned PCP for those members. So, the</p>

Identified Opportunity for Improvement 2018 EQRO/IPRO Recommendation	Response/Actions/Next Steps
education.	<p>Plan modified the medication adherence report to not only reflect back to the member's assigned PCPs, but to also reflect back to the actual prescriber of the asthma medication.</p> <p>Clinical pharmacists from the Plan's internal Pharmacy Management department have now been deployed to perform medication reconciliation for our higher risk chronic care cases. Asthmatic members who fall within this category will receive coaching on proper medication use and—when appropriate—recommendations will be made to the provider of care if concerns about the prescribed medication are noted.</p> <p>Additionally, the Plan is piloting with one of our largest IPA groups a program that provides home assessments to identify environmental triggers for these asthmatic members and perform related-home modifications that address the triggers and intensifiers of asthma symptoms that ultimately work against proper medication treatment.</p>
<p>Although the rate for the <i>Comprehensive Diabetes Care – BP control</i> measure has trended upwards, the rates remained below the statewide average. Affinity should continue its interventions to improve this rate as it has shown to be effective with an increase from 38% in 2016 to 59% in 2018. The MCP should consider including the option for members to attend evidence based diabetes self-management programs.</p>	<p>The Plan has and will continue to increase and improve the standard electronic submission of results data—especially, BP readings and lab results—from all providers to (1) allow for timely identification of members who have fallen or are at risk of falling out of compliance, and (2) improve our ability to address outreach, educate and coordinate care for these members before complications arise along their journeys toward better health.</p> <p>Additionally, clinical pharmacists from the Plan's internal Pharmacy Management department have now been deployed to perform medication reconciliation for our higher risk chronic care cases. Diabetic members who fall within this category will receive individualized coaching on proper medication use and—when appropriate—recommendations will be made to the provider of care if concerns about the prescribed medication are noted.</p> <p>Currently, we have identified one large FQHC within our network who offers a group diabetes management program to serve. Our goal is to coordinate efforts with this site to encourage more of our Diabetic members within the Bronx to participate in this program.</p>



Identified Opportunity for Improvement 2018 EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>The MCP should continue to investigate reasons behind its continued poor performance in regard to measures related to access to primary and preventive care for children and adults. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from seeking or receiving care, such as transportation issues, lack of child care during appointment times, or any accessibility issues. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. [Repeat recommendation.]</p>	<p>The Plan has implemented the below measures to promote primary and preventive care utilization among our members. During root cause analysis, we have observed performance rates being lower as the member age increases and especially within adolescence and adulthood when the required frequency of visits is significantly less. To that end, when child members are identified through any of the below means, the Plan uses that outreach opportunity to also educate and remind the parent/caregiver to schedule a visit for themselves as well.</p> <ol style="list-style-type: none"> <li>1. The Plan identifies members who have no evidence of utilization via claims data within the immediately preceding 12 months and sends out both physical (postcards) and electronic (email) notification to the members with information about who their PCP is, the importance of maintaining preventive care and any known care gaps that may need to address.</li> <li>2. Quarterly reports are generated for providers to identify for them their rates of non-utilization among assigned members to assist these providers in more targeted member outreach.</li> <li>3. The Plan has begun incentivizing members to complete a wellness visit with their PCP within the first 90 days of enrollment to both improve performance, but also to encourage the member-PCP relationship and to ensure follow-up preventive care services are adequately identified and followed through.</li> </ol> <p>Additionally, as the Plan continues to study after hours appointment availability among our primary care providers, we have implemented a post-doctor visit survey to obtain feedback from members who are actual service utilizers (and to parents of children who are utilizing services) to better understand challenges to getting appointments when needed. Our goal is to potentially identify trends among provider groups, perform more in-depth root cause analysis at the provider group level, and develop more tailored performance improvement initiatives that address the specific concerns voiced by our members.</p>
<b>Access to/Timeliness of Care</b>	
With the MCP's appointment rate for primary	The Provider Relations team is tasked with conducting



Identified Opportunity for Improvement 2018 EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>care and OB/GYN providers during after-hours below the 75% threshold, Affinity should continue with the process of identifying providers who did not meet the necessary after-hours access and availability requirements. Affinity should continue the procedure of educating and monitoring the identified providers, as stated in the MCP's response to the 2017 recommendations. The MCP should also consider including reminders in existing provider communications on the importance of having after-hours availability.</p>	<p>independent surveys of the provider network to ensure providers are meeting the after-hours access and availability requirements.</p>

## BCBS of Western New York HealthNow

### Performance Improvement Project Findings

IPRO's validation of BCBS's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*.

In 2019, Blue Cross Blue Shield of Western New York aimed to improve screening, testing and the linking of members to services for lead exposure, newborn hearing loss, and developmental delays within the first 1,000 days of a child enrolled in its Medicaid plan. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Established the Healthy Rewards incentive program to encourage member and their caretakers to complete well-child checks.
- Educated members and their caretakers on importance of lead testing, potential contaminants and how to accessing services through mailer. The mailer was timed to arrive 90 days prior to the child's birthday to encourage timely care.
- Outreached to member caregivers require diagnostic audio-logical evaluation or early intervention (EI) services.
- Developed member educational materials, highlighting common signs and symptoms of hearing loss, and clinical follow-up.
- Conducted SMS texting and interactive voice recording (IVR) campaigns to enhance the member education strategy.

#### Provider-Focused Interventions:

- Shared gaps in care reports with providers that identified members with missing lead screenings and members who were not treated according to the early detection and intervention guidelines.
- Disseminated CDC and NYSDOH guidelines for blood lead screening and follow-up care to providers.
- Contacted providers assigned to members identified as having a BLL  $\geq 5$ .
- Developed provider education segments on the early detection and intervention program, the availability of standardized development screening tools, and appropriate billing codes for lead, hearing and developmental screenings.

#### MCP-Focused Interventions:

- Co-sponsored community event to promote education and development of baby and toddlers.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Screening</b>			
Blood lead test: Age 1 year	64.96%	71.96%	70%
Blood lead test: Age 2 years	60.74%	70.56%	66%
Blood lead test: Age 1 and 2 years	42.46%	52.27%	47%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	30.93%	22.90%	36%
Confirmed venous BLL of $\geq 5$ mcg/dl	2.21%	3.89%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	10.39%	6.88%	15%
Confirmed venous BLL $\geq 10$ mcg/dl	0.78%	1.12%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	11.11%	8.70%	16%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	87.11%	93.95%	92%
Did not pass screening by 1 month of age	7.40%	4.37%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	6.67%	2.50%	12%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	33.33%	100%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	0.00%	100%
Completed hearing screening before 3 months of age	87.66%	92.56%	93%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	50%	10%	55%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	Not Available	0%	20%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	3.70%	6.22%	9%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	22.33%	33.91%	27%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	18.86%	30.67%	24%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	14.16%	22.71%	19%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.00%	3.88%	5%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0.0%	1.00%	5%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Attest Health Care Advisors indicated that BCBS WNY met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	99 ▲	96 ▲	96 ▲	90
WCC—BMI Percentile	84	85	85	88
WCC—Counseling for Nutrition	83	86 ▲	86	84
WCC—Counseling for Physical Activity	76	81 ▲	81 ▲	76
Childhood Immunizations—Combo 3	74	78 ▲	85 ▲	74
Lead Screening in Children	87	90	90	89
Adolescent Immunizations—Combo 2	28 ▼	35 ▼	35 ▼	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	76 ▲	77	77	71
Adolescents—Depression <sup>1</sup>	65	71	71	68
Adolescents—Sexual Activity <sup>1</sup>	68	67	67	68
Adolescents—Tobacco Use <sup>1</sup>	84 ▲	80	80	75
Breast Cancer Screening	59 ▼	57 ▼	58 ▼	71
Colorectal Cancer Screening	50 ▼	49 ▼	56 ▼	64
Chlamydia Screening (Ages 16-24)	62 ▼	63 ▼	61 ▼	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	92	95 ▲	90	89
Spirometry Testing for COPD	30 ▼	36 ▼	39 ▼	52
Use of Imaging Studies for Low Back Pain	75	72	72 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	88	83	88	89
Pharmacotherapy Management for COPD—Corticosteroids	79	77	75	76
Medication Management for People with Asthma 50% (Ages 19-64)	70	75	74	69
Medication Management for People with Asthma 50% (Ages 5-18)	51	60	66	60
Asthma Medication Ratio (Ages 19-64)	56	62	57	57
Asthma Medication Ratio (Ages 5-18)	68	72	71	66
Persistence of Beta-Blocker Treatment After a Heart Attack	SS	SS	SS	87
CDC—HbA1c Testing	88 ▼	85 ▼	85 ▼	93
CDC—HbA1c Control (<8%)	56	52 ▼	52 ▼	61
CDC—Eye Exam Performed	66	67	67	68
CDC—Nephropathy Monitor	91	90	91	93
CDC—BP Controlled (<140/90 mm Hg)	68 ▲	67	67	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	74	77		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	87 ▼	85 ▼		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Appropriate Treatment for URI	93	94	89	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	29	31	48	48
HIV Viral Load Suppression <sup>1</sup>	81	77	82	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	43		46	46
Advising Smokers to Quit <sup>2</sup>	83		76	79
Smoking Cessation Medications <sup>2</sup>	64		55	62
Smoking Cessation Strategies <sup>2</sup>	50		51	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	49	57	57	54
Antidepressant Medication Management—Effective Continuation Phase	34	43	39	38
Follow-Up Care for Children on ADHD Medication—Initiation	46 ▼	48	50	58
Follow-Up Care for Children on ADHD Medication—Continue	60	64	61	67
Follow-Up After Hospitalization for Mental Illness—30 Days	75	83 ▲	72	79
Follow-Up After Hospitalization for Mental Illness—7 Days	57	73 ▲	51 ▼	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	76 ▼	79	77 ▼	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	56 ▼	65	67	80
Antipsychotic Medications for Schizophrenia	65	65	74 ▲	64
Utilization				
Well-Child Visits—First 15 Months	74	88 ▲	77 ▲	69
Well-Child Visits—3 to 6 Year Olds	82 ▼	85	83 ▼	85
Adolescent Well-Care Visits	67	69	71	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	97	98	98	97
25 Months-6 Years	93	92 ▼	93	94
7-11 Years	98	98	97	97
12-19 Years	96 ▲	96 ▲	97 ▲	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	85 ▲	82	82	82
45-64 Years	89	89	89	89
65+ Years	84	88	92	92
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	88	87		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Postpartum Care	68	72	81	83
Annual Dental Visit <sup>4</sup>	68 ▲	65 ▲	65 ▲	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 ROS Average
<b>QARR Prenatal Care Rates</b>				
<b>Medicaid</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	9%	-	7%	7%
Prenatal Care in the First Trimester	69%	69%	76%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	11%	-	15%	13%
Vaginal Birth After Cesarean	11%	-	15%	14%
<b>Commercial</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	4%	-	4%	4%
Prenatal Care in the First Trimester	86%	86%	87%	89%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	17%	-	18%	18%
Vaginal Birth After Cesarean	9%	-	9%	10%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that BCBS WNY was fully compliant with seven of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	D=3, C=5
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	D=3, C=6
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	D=1, C=1

<b>Part 438 Subpart D and QAPI Standards</b>	<b>Findings</b>
<b>42 CFR 438.230: Sub-contractual relationships and delegation</b>	Met
<b>42 CFR 438.236: Practice guidelines</b>	Met
<b>42 CFR 438.242: Health information systems</b>	Met
<b>42 CFR 438.330: Quality assessment and performance improvement program</b>	<b>D=1, C=1</b>

- Based on staff interview and review of the final adverse determination notice, BCBS WNY failed to ensure its delegate Amerigroup included required information in the document. Specifically, the final adverse determination did not include the following information as required; utilization review agent (Amerigroup) address, contact person and phone number. This was evident in three of nine CHP standard appeal utilization review cases.
- Based on staff interview and review of the sampled provider contracts, BCBS WNY failed to provide evidence that four of 55 providers included in the sample were sent an amendment to incorporate the requirements set forth by the 21st Century Cures Act.
- Based on staff interview and review of the sampled provider contracts, BCBS WNY failed to provide NYSDOH approval letters that correspond with the MCP unique identification numbers for 27 of 55 contracts included in the sample.
- Based on interview and review of behavioral health provider contracts, the BCBS WNY failed to amend five of 10 contracts. Specifically, the contracts did not include the required language to ensure that providers will be paid at the government rate.
- Based on self-disclosure during an interview, BCBS WNY's vendor, Amerigroup Corporation, and further discussions with BCBS WNY staff, it was identified that the BCBS WNY failed to take immediate action to terminate a network provider from BCBS WNY's Medicaid and CHP networks following the preclusion of this provider's medical license by the State of New York. A review of documentation revealed that the provider was added to the Office of Professional Misconduct's (OPMC) Sanctioned Provider list on April 4, 2019 and was precluded from the practice of medicine in New York State effective April 8, 2019. HealthNow was notified by OPMC of the provider's sanctioned status on April 4, 2019. BCBS WNY took immediate action to terminate this provider from their Commercial and Medicare networks, but the plan's vendor Amerigroup Corporation failed to remove this provider from BCBS WNY's CHP and Medicaid networks until July 9, 2019.
- Based on staff interview and review of credentialing files, it was identified that BCBS WNY failed to re-credential two of 20 providers from the contract sample, within the required time frame of every three years.
- Based on interviews with plan staff and review of requested survey documentation, BCBS WNY failed to provide oversight to ensure the plan of correction, developed in response to the 2018 deficiency issued for non-compliance with the required timeframe for credentialing review process was implemented. Specifically, during the completion of the 2019 Comprehensive Operational Survey, a review of the files submitted for credentialing review identified two providers that the credentialing process was not completed within the required three-year timeframe.

- Based on staff interview and review of the sampled provider contracts, BCBS WNY failed to provide evidence that three of 55 providers included in the contract sample were sent an amendment to incorporate the 2017 NYSDOH Standard Clauses for Managed Care Provider/IPA/ACO Contracts.
- Based on staff interview and review of the initial adverse determination notice, BCBS WNY failed to ensure its delegate Amerigroup provided clinical rationales that included: a clear statement for the denial, the reasons for the determination, the term “not medically necessary” and that were enrollee-specific. This was evident in six of 18 Medicaid pre-authorization/concurrent utilization review cases.

#### ***Evaluation of MCP Compliance with NYS Operational Standards***

For the operational survey, BCBS WNY was in compliance with 8 of the 14 categories. The categories in which BCBS WNY was not compliant were Credentialing (2 citations), Member Services (1 citation), Organization and Management (3 citations), Quality Assurance (1 citation), Service Delivery Network (5 citations) and Utilization Review (2 citations). For the focused reviews, BCBS WNY was in compliance with 13 of the 14 categories. The category in which BCBS WNY was not compliant was Organization and Management (1 citation).

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	2	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	0		
Medical Records	0	0		
Member Services	1	0		
Organization and Management	3	1	Other	1
Prenatal Care	0	0		
Quality Assurance	1	0		
Service Delivery Network	5	0		
Utilization Review	2	0		
<b>Total</b>	<b>14</b>	<b>1</b>		

#### **Quality of Care Survey Findings – Member Satisfaction**

Measure	2015		2017		2019	
	BCBS WNY	Statewide Average	BCBS WNY	Statewide Average	BCBS WNY	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	83	80	83	80	76	79
Coordination of Care <sup>1</sup>	81	80	79	81	87	81



Measure	2015		2017		2019	
	BCBS WNY	Statewide Average	BCBS WNY	Statewide Average	BCBS WNY	Statewide Average
Medicaid						
Customer Service <sup>1</sup>	84	84	83	86	86	87
Flu Shots for Adults Ages 18-64	40	40	43	42	46	46
Getting Care Needed <sup>1</sup>	83	79	79	79	85	81
Getting Care Quickly <sup>1</sup>	88 ▲	80	85 ▲	78	88 ▲	81
Getting Needed Counseling/Treatment	87 ▲	74	81 ▲	69	83 ▲	71
Rating of Counseling/Treatment	68	64	56	60	68	62
Rating of Healthcare	78	75	70 ▼	77	80	75
Rating of Health Plan	75	76	66 ▼	76	73	76
Rating of Health Plan—High Users	75	77	75	80	73	77
Recommend Plan to Family/Friends	92	93	88 ▼	92	89	91
Satisfaction with Personal Doctor <sup>1</sup>	77	80	75 ▼	81	89 ▲	81
Satisfaction with Provider Communication <sup>1</sup>	92	91	89	91	95	92
Satisfaction with Specialist	86 ▲	80	81	80	79	82
Shared Decision Making <sup>1</sup>	84 ▲	79	81	80	84	80
Wellness Discussion	69	68	72	72	78	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP had rates better than the SWA for three consecutive years for the *Adult BMI Assessment* measure. In 2019, the MCP also had rates significantly better than the SWA for the *WCC—Counseling for Physical Activity* and *Childhood Immunizations-Combo 3* measures.
- The MCP's performance rates for behavioral health services has trended upwards for 3 out of 9 measures. The HEDIS®/QARR rate for Antipsychotic Medications for Schizophrenia was statistically better than the SWA in 2019.
- In regard to the Access/Timeliness Indicators, the MCP's rate for the *Children and Adolescents' Access to PCPs (Ages 12-19 Years )* and *Annual Dental Visit* has been reported at the 90<sup>th</sup> percentile for three consecutive reporting years, while the rates for *Well-Child Visits in the First 15 Months of Life* was at the 90<sup>th</sup> percentile in 2019.
- In regard to the 2019 Adult CAHPS® survey, BCBS WNY had rates significantly better than the SWA for the following measures: *Getting Care Quickly*, *Getting Needed Counseling/ Treatment*, and *Satisfaction with Personal Doctor*.

### **Opportunities for Improvement:**

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, BCBS WNY continues to demonstrate opportunities for improvement in the *Adolescent Immunizations-Combo 2*, *Breast Cancer Screening*, *Colorectal Cancer Screening*, and *Chlamydia Screening (Ages 16-24)* measures. The rates have been reported significantly worse than the SWA for at least three consecutive reporting years.
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP had rates significantly worse than the SWA for three consecutive years for the *Spirometry Testing for COPD* and *CDC—HbA1c Testing* measures. In 2019, the MCP also had rates significantly worse than the SWA for the *Use of Imaging Studies for Low Back Pain* and *CDC—HbA1c Control (<8%)* measures.
- Regarding the HEDIS®/QARR Behavioral Health measures, BCBS WNY had rates statistically worse than the SWA for the *Follow-Up After Hospitalization for Mental Illness—7 Days* and *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds* measures.
- The MCP demonstrates an opportunity for improvement in the HEDIS®/QARR Utilization domain. The MCP had rates statistically worse than the SWA for the *Well-Child Visits—3 to 6 Year Olds* measure.
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 14 citations from the operational review surveys related to Credentialing, Member Services, Organization and Management, Quality Assurance, Service Delivery Network, and Utilization Review.

### **Recommendations:**

- BCBS of WNY continues to demonstrate an opportunity for improvement with access to preventative screenings. The MCP should continue conducting routine analyses of low performing measures to identify barriers to members obtaining quality care. While certain prevention and screening measures had reported rates significantly worse than the SWA in 2019, the MCP's rates have trended upwards. Therefore the MCP should continue with its current interventions that promote the utilization of preventive care services. [Repeat recommendation.]
- BCBS of WNY continues to demonstrate opportunities for improvement for several measures related to monitoring chronic conditions such as COPD and diabetes. The MCP should continue reviewing barriers to care and develop interventions to address these barriers. The MCP should also consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. [Repeat recommendation.]
- BCBS of WNY should consider investigating the causes for the low performance in behavioral health measures regarding follow-up visits 7 days after a hospitalization and diabetes screening for members on medications for behavioral health conditions. The MCP should consider implementing interventions that target social determinants of health that can impact mental health care such as socioeconomic status, neighborhood and physical environments and lack of support systems.
- The MCP should work to address the citations received during the 2019 operational survey. The MCP should provide adequate oversight of all delegates and should ensure all vendor and provider

contracts meet standards. The MCP should also consider routine staff training sessions or refresher courses regarding provider credentialing and the timeframes for processing grievances and appeals.

### Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
<p>HealthNow continues to struggle to improve rates for chlamydia screenings, breast and colorectal cancer screenings. HealthNow should conduct a root cause analysis to determine the reason these rates have not improved. Interventions should target the barriers of access to providers, member education and any social disparities regarding these screenings. The MCP implemented an incentive program that allows members to earn points that can be redeemed for merchandise. The MCP should evaluate if this method of incentive has been effective by analyzing how many members have redeemed points. The MCP should consider an incentive program with monetary rewards. <i>[Repeat recommendation.]</i></p>	<p>BlueCross BlueShield of WNY (the Plan) conducts analyses of our performance on HEDIS and CAHPS measures to identify barriers related to Access to Care and implements interventions to promote the utilization of preventive care services for our members. For members, the Plan conducts an educational and care coordination approach to engage members into care and attempt to reduce barriers to completion in screenings that include:</p> <ul style="list-style-type: none"> <li>▪ The Health Plan continued to produce live calls and text messages in English and Spanish to discuss access, benefits, education and a number for members to outreach to the Plan for assistance in scheduling appointments and connecting members to care</li> <li>▪ Hosting enhanced clinic days/events at provider sites in conjunction with providers (non COVID time)</li> <li>▪ Offer and Develop co-branded mailings in partnership with PCPs with large member panels to encourage members to contact their PCPs for preventive well visits</li> <li>▪ The Health Plan displays preventive health information, and plan services on the Member Portal of the plan's website</li> <li>▪ The Health Plan continued offering a member Incentive program to encourage member preventive health screenings and chronic care services.</li> </ul> <p>For Providers, the Plan implemented the following in 2019 and 2020:</p> <ul style="list-style-type: none"> <li>▪ Distributing gaps in care lists and quality report cards to PCPs to identify members who have outstanding care gaps and requested information</li> <li>▪ Developed and shared Provider Webinar series to provide education on primary education needs including care gaps review, ensuring appropriate documentation needs and improvement, ICD 10 coding, patient screenings</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<ul style="list-style-type: none"> <li>▪ Partnering with large provider groups and large hospital systems providers within our provider network to assess barriers, issues or concerns and connecting members to care</li> <li>▪ Provider outreach to review quality measure performance including well and chronic care services and the importance of PCPs building a relationship with all assigned members</li> <li>▪ Monitoring progress versus performance goals for Provider Access and Availability specifically to identify access issues for Family &amp; General Practice, Internist and Pediatricians</li> <li>▪ The Plan also conducts access and availability surveys of network providers to assess provider compliance with NYS DOH appointment availability standards</li> </ul> <p>Additionally, the Plan completed the following in 2019 and 2020 and continues to:</p> <ul style="list-style-type: none"> <li>▪ Track, monitor, and trend member complaints related to access to care</li> <li>▪ Analyze Member complaints/grievances and appeals and services in at least the following categories to identify negative trends, perform root cause/barrier analysis, and develop appropriate interventions to decrease Member complaints/grievances: Quality of Care and Access to Care</li> <li>▪ Analyze Member disenrollment reports to identify disenrollment reasons, identify negative reasons, perform root cause/barrier analysis, and develop appropriate interventions to decrease preventable disenrollment reasons.</li> </ul> <p>The Plan is reviewing opportunities to further assess and impact social determinants of health for member care. In 2021, the Plan will continue to develop and use assessment tools, partner with members to assess their transportation needs and coordinate appointments with providers when possible. The Plan's Quality Management team is conducting a health disparities report and analysis. Findings, goals, priorities, initiatives, and interventions will be reviewed and discussed for supportive interventions and programming to impact specific groups, as needed.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Specifically, the Plan has worked on further assessing and understanding of member barriers to care, especially during the COVID 19 pandemic and its impact.</p> <p>The Plan is working with Community based clinics/ providers and organizations to expand events, advertising of events and use of mobile mammogram vans to ensure access to screenings is more readily available for breast cancer screening. The Plan is working to include a COL FIT Kit screening for members to use at home to help educate and act on screening for this important preventive care need.</p> <p>The Plan has had a Healthy Rewards financial monetary incentive for BCS and COL for measurement years 2018, 2019, and 2020 and has continued the financial incentive into measurement year 2021. Overall, lower utilization on incentives redemption has been experienced. In 2018, 2019 and into Q1 of 2020, the Plan's members were eligible to earn \$25 financial incentive for each completed screening: breast cancer, chlamydia and colorectal screening. The Plan saw the most utilization of earned financial service rewards among members in 2019.</p> <p>In 2019, the Plan contracted with a new vendor to initiate incentive programming for Q4 2020 launch to continue to engage members into care and receive incentive. For this program effort, digital gift cards and messaging have been offered to members as an opportunity for use. Initial program outcomes are being reviewed for monitoring and changes.</p> <p>The Health Plan will continue reviewing barriers to care and its impact, developing interventions to address those barriers and tracking outcomes to meet the goal of exceeding the statewide 50<sup>th</sup> percentile benchmarks for all measures and maximizing performance, access to care and ensuring members are aware of benefits and have opportunities to engage in care.</p>
The MCP continues to demonstrate opportunities for improvement for several measures related to monitoring chronic conditions such as COPD, diabetes, and	BlueCross BlueShield of WNY (the Plan) conducts analyses of our performance on HEDIS and CAHPS measures to identify barriers related to Care and implements interventions to promote the utilization of

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>monitoring of patients on persistent medications. The MCP should consider offering an evidence based self-management program to members in addition to the current educational efforts made by case management and the diabetes management team. The MCP should also consider the use of Pharmacists to assist with educating members on medications used to treat chronic conditions.</p>	<p>preventive care, chronic care, adherence management services for our members. For members, the Plan conducts an educational and care coordination approach to engage members into care and attempt to reduce barriers to completion in screenings that include:</p> <p><u>Disease management programming.</u> The Diabetes Management team provides education, assists with setting goals, and coordinating care and services. The Health Plan's disease management programs through 2018 and 2019 were designed and implemented with a holistic, member-centered care approach with interventions tailored to each member's healthcare needs. Predictive modeling was used to identify members through the Chronic Illness Intensity Index (C13) which stratifies members into appropriate intervention groups based on clinical risk. Members enrolled in Active management have complex, comorbid conditions and work collaboratively with a nurse Case Manager by phone to establish holistic goals, develop a plan of care, and track progress towards meeting goals. Active management includes:</p> <ul style="list-style-type: none"> <li>▪ Comprehensive Initial and Follow-Up Health Risk Assessments</li> <li>▪ Provider notification upon active enrollment</li> <li>▪ Collaborative care planning</li> <li>▪ Closure of identified HEDIS care gaps</li> <li>▪ Provider collaboration as needs are identified</li> </ul> <p>Members enrolled in Passive management were considered to be at a lower risk and receive non-interactive interventions. Passive management includes:</p> <ul style="list-style-type: none"> <li>▪ Mailing a Passive Enrollment Package (PEP) with our Disease Management contact information, an overview of the program, and condition-specific health information related to the member's condition and / or gap in care enclosed</li> <li>▪ Giving members the option to reach out and enroll in active management</li> <li>▪ A higher percentage of the eligible population</li> <li>▪ Motivational Interviewing techniques were incorporated in all aspects of member communication including telephonic outreach, health risk assessments and the development of</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>plans of care as well as routine follow up.</p> <p>Engagement in programs fluctuates throughout the year as members are lost due to eligibility requirements or contact, program completion or transferred to other internal or external programs.</p> <p>In addition to disease management programming:</p> <ul style="list-style-type: none"> <li>▪ The Health Plan continued to produce live calls and text messages in English and Spanish to discuss access, benefits, education and a number for members to outreach to the Plan for assistance in scheduling appointments and connecting members to care and address needs such as transportation. For the neediest members, episodic case management is available to members with chronic care conditions issues that may require attention.</li> <li>▪ A Healthy Rewards program is offered for members who get their diabetic services completed (HbA1C, retinal exam, and nephropathy screening). Educational mailings are sent out focusing on diabetes and hypertension.</li> <li>▪ The provider outreach team works with our providers to close gaps in care by distributing reports and assisting in getting members services. Pharmacy programming is an important intervention for our members with chronic care conditions. Clinical quality programs have been in place to optimize therapeutic outcomes for the Plan's members and support adherence with medication management. Descriptions of the programs related to monitoring chronic conditions are as follows: <ul style="list-style-type: none"> <li>○ A medication therapy management program exists to optimize therapeutic outcomes for targeted Medicaid members through identification and resolution of drug therapy issues, improved medication adherence, cost-effective medication use and reduction of adverse medication events. The MTM program identifies members with sub-optimal use of medications, including incorrect dosage, over- and under-utilization, coordination of care issues that result from multiple prescribers, poly-pharmacy, non-conformity with national guidelines, and</li> </ul> </li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>potentially inappropriate management of chronic conditions or untreated disease states. Members may also be identified for a Comprehensive Medication Review (CMR). MTM services may include telephonic or face-to-face outreach.</p> <ul style="list-style-type: none"> <li>○ A diabetes polypharmacy program has been in place which includes the following interventions, targeting members with diabetes who have taken more than 10 medications:</li> <li>○ Comprehensive medication review – Pharmacist will access medication profiles and contact prescribers for any safety and clinical care gaps. Gaps include drug-drug interactions, duplicate therapy, sub-optimal therapy and missing therapy.</li> <li>○ Medication compliance – Telephonic outreach to non-compliant members to help overcome barriers to compliance.</li> <li>○ Diabetes screening – Telephonic outreach to emphasize the importance of diabetic screening such as eye exams, kidney function testing and Hemoglobin A1C monitoring.</li> <li>○ Diabetics not on a statin – Telephonic outreach to discuss benefits of statin therapy in diabetic members.</li> </ul> <ul style="list-style-type: none"> <li>▪ The respiratory medication Pharmacy program addresses medication adherence, gaps in care and educational outreach to both member and provider. <ul style="list-style-type: none"> <li>○ Member New Start Educational Letter – Adult and Child - Member identified as newly asthmatic and on an asthma controller medication receives an educational letter siting the Asthma and Allergy Foundation of America four-step approach to controlling asthma and preventing attacks.</li> <li>○ Pharmacist New Start Calling Program &lt; 18 year old – Telephonic outreach by a pharmacist to the member/caregiver to educate on disease management and medication education.</li> <li>○ Adherence calling program – Telephonic outreach to non- compliant members to help</li> </ul> </li> </ul>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>overcome barriers to compliance. Members may also receive a follow up phone call from a pharmacist to discuss the rescue inhaler use and controller adherence.</p> <ul style="list-style-type: none"> <li>○ Pediatric No Spacer on File Provider Fax – This program identifies members that could benefit from adding a spacer to their inhaler based on the EPR-3 guidelines.</li> <li>○ COPD Provider Fax-Daily faxing to providers who members were discharged from the ER but do not have evidence of a systemic corticosteroid prescribed within 14 days and a bronchodilator within 30 days following a hospitalization for COPD exacerbation.</li> </ul> <p>The Health Plan will continue reviewing barriers to care and its impact, developing interventions to address those barriers and tracking outcomes to ensure access to care, member quality of care and engagement.</p>
<p>The efforts made to address the citations received from the 2017 operational and focused review surveys have been successful. The MCP should continue with the steps taken to address the identified issues which were noted in the 2018 operational survey.</p>	<p>As part of the 2018 audit findings on Organization and Management: 98-1.11(h) Operational and financial requirements for MCPs - it was identified that HealthNow New York Inc. failed to provide adequate oversight of delegated management functions by allowing an unregistered utilization review agent to perform utilization review on behalf of the plan. HealthNow New York Inc. delegated utilization review activities for appeals to an organization identified as MCMC. MCMC is not a New York State registered utilization review agent.</p> <p>In 2019, HealthNow ceased using MCMC for any same/similar specialty reviews. Attestation and Same/Similar Specialty Review workflow went into effect in June of 2020 to address the in-adequate oversight of delegated management functions. This effectively eliminates the need to use an external vendor for same/similar specialty review. 100% QA of all appeals is being completed to ensure that any reviews conducted under the same/similar specialty review are following all contractual/regulatory requirements. The team is trained annually and as needed on process for use to ensure compliance with process need, timely and appropriate review.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Ongoing oversight and review includes: HealthNow conducts monthly Joint Oversight Committee (JOC) Meetings with Amerigroup to review any issues, Corrective Action Plans, member or provider complaints, and personnel or organizational changes. During the JOC Meeting, a Dashboard is presented showing a summary of Utilization Review requests, approvals and denials, member grievance and appeals, provider inquiries, and medical and pharmacy claims and encounters.</p> <p>In addition to the monthly JOC meetings, there are monthly Subteam meetings to discuss, in more detail, specific areas including, HealthCare Management, Utilization Management, Quality Management, Pharmacy, Network, Regulatory Compliance, Customer and Provider Service. Each Subteam reports at the monthly JOC.</p> <p>Additionally, Amerigroup continues to conduct monthly monitoring audits of Appeal files. The monitoring reviews ensures the process for using same or similar specialty reviews are being followed, as indicated in the desktop process titled “Guide for Specialty Match”. Any issues with non-compliance are immediately addressed and includes re-training and monitoring.</p> <p>Any future Management Contracts where Utilization Management function would be delegated will be sent to the Department for prior approval, as indicated in 98-1.11(k)&amp;(q)(1) Operational and financial requirements for MCPs.</p>
<b>Access to/Timeliness of Care</b>	
<p>As HealthNow’s enrollment continues to increase; the MCP should also accommodate this growth with additional providers. With a membership rate above the statewide average for members aged 20-44 years, the MCP should consider increasing the number of providers that service this age group, such as Internal Medicine and other Primary Care Providers.</p>	<p>The MCP has accommodated the growth in membership by outreaching to all providers in the region. The BCBS WNY provider network is comprehensive and all members are served by providers within the time and distance required by NYS. WNY boasts a 1:31 ratio for PCP to members across the network (both rural and urban settings). Current NYS standards require a ratio of 1 PCP for every 1,500 members. Additionally, WNY provides a primary care provider within 30 minutes for an astounding 99.95% of our members in rural settings and 99.98% in urban settings</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>With the MCP's appointment rate below the 75% threshold for Primary Care and OB/GYN providers during after-hours calls, the plan should develop a process to identify providers who did not meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as; provider portal notifications, quarterly provider newsletters and fax blasts.</p>	<p>BlueCross BlueShield of WNY (the Plan) continually monitors its provider network to ensure providers are aware of what is required from them when it comes to Appointment Availability and After Hours standards. As part of the Plan's strategy to increase the compliance threshold to said standards, the Plan routinely educates Primary Care and OB/GYN providers of their Access and Availability responsibilities. Provider Relations Account Managers were provided with a detailed communication to remind providers of their responsibilities as part of a re-education campaign by Leadership for use during provider contact or provider office visits.</p> <p>Additionally, the Plan performs a detailed telephonic provider survey twice per year to confirm adherence to Appointment Availability and After Hours standards and further increase the compliance threshold. This is accomplished through the Plan's survey partner, SPH Analytics. The SPH Analytics surveyor contacts Primary Care and OB/GYN provider offices telephonically and would speak with a representative at said provider's office. The surveyor would reveal he or she was calling on behalf of the Plan to evaluate member access to care. The calls would not be conducted using a secret shopper methodology. The SPH Analytics surveyor presented different scenarios of seeking care and asked when a provider in that office could see a member for each scenario. The responses would then be measured against the Appointment Availability and After Hours contractual timeframes for each type of care sought.</p> <p>Additionally, providers who fail the Plan's Appointment Availability and After Hours standards after completion of the survey are contacted by mail in a follow-up education mailing campaign. The mailing details the provider's specific areas of noncompliance and asked providers to respond to the health plan within 15 business days outlining actions taken to remedy the issues. The Plan then works with its survey partner to resurvey the failing providers during its next wave to ensure compliance. If a Physician's office continually fails, the Plan will escalate the matter to the appropriate Committees for additional disciplinary actions, which can include</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>suppression, or termination from the Plan's network.</p> <p>Lastly, the Plan's Provider Manual includes the Appointment Availability and After Hours standards for reference at any time. Providers can find the most up-to-date copy of the Manual online at <a href="https://providerpublic.mycbswny.com/western-new-york-provider/resources/manuals-and-guides">https://providerpublic.mycbswny.com/western-new-york-provider/resources/manuals-and-guides</a>, or they can contact their Provider Relations representative by phone or email. The Plan believes it is its role to educate and ensure that physicians in its network meet the highest care standards for our members.</p>

## Capital District Physicians' Health Plan, Inc.

### Performance Improvement Project Findings

IPRO's validation of CDPHP's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

CDPHP aimed to address three priority areas for at-risk Medicaid members aged three years and younger for lead testing and follow-up, newborn hearing screening and follow-up and developmental assessment monitoring for early intervention. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Offered support to members with coordination of transportation for appointments via announcements in member newsletters and targeted outreach to members with a gap in care for lead and hearing screening.
- Assisted members with transportation with the provision of a MAS transportation tip sheet with written guidance on how to use MAS.
- Worked with a Federally Qualified Health Center to schedule well-visit and lead screening appointments for members with gaps in care.
- Incentivized members with a gift card incentive for completion of required follow up to previously positive lead testing results.
- Empowered members through education and participation in the CDPHP Maternal Health Program.
- Coordinated and scheduled blood draw appointments for members as needed.
- Outreached to members with failed newborn hearing screen during Albany Medical Center birth admission.
- Initiated member case management following a hospital discharge as needed for failed newborn hearing screening.
- Piloted the Focused Parenting Support Program in a designated primary care practice which included educational books and a support group.

#### Provider-Focused Interventions:

- Provided gaps in care reports to assist provider outreach.
- Outreached to high volume, low performance providers with more than four gaps in care.
- Collaboration with provider offices to identify barriers to care coordination and the provider's role in facilitating continuity of care.
- Facilitated Early Intervention Program Coordinator meeting to identify barriers to timely referral.
- Worked with individual practices to explore opportunities for extended practice appointment slots or screening events.

#### MCP-Focused Interventions:

- Identified "at-risk" counties based on NYS data and target practices for provider engagement activities.

- Utilized a questionnaire to obtain descriptive information specific to provider awareness of current lead screening and testing recommendations, followed by education based on questionnaire results.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Screening</b>			
Blood lead test: Age 1 year	61.3%	68.92%	66.3%
Blood lead test: Age 2 years	59.3%	63.28%	64.3%
Blood lead test: Age 1 and 2 years	43.3%	46.49%	48.3%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	53.6%	49.12%	58.6%
Confirmed venous BLL of $\geq 5$ mcg/dl	10.3%	10.04%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	0%	0%	80%
Confirmed venous BLL $\geq 10$ mcg/dl	1.9%	1.72%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	0%	0%	80%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	75.7%	81.73%	80.7%
Did not pass screening by 1 month of age	1%	1.56%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	9.5%	4.88%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	0%	50%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	Not Available	Not Available	80%
Completed hearing screening before 3 months of age	61%	89.55%	66%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	28.6%	7.69%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	100%	Not Available	100%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	9%	10.42%	14%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	23%	28.64%	28%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	20%	21.35%	25%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	18%	20.56%	23%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0%	5%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/Goal
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	5%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that CDPHP met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	96 ▲	97 ▲	97 ▲	90
WCC—BMI Percentile	86	94 ▲	94 ▲	88
WCC—Counseling for Nutrition	83	89 ▲	89 ▲	84
WCC—Counseling for Physical Activity	75	85 ▲	85 ▲	76
Childhood Immunizations—Combo 3	79	80 ▲	81 ▲	74
Lead Screening in Children	83 ▼	86	87	89
Adolescent Immunizations—Combo 2	31 ▼	36 ▼	36 ▼	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	72	81 ▲	84 ▲	71
Adolescents—Depression <sup>1</sup>	66	80 ▲	86 ▲	68
Adolescents—Sexual Activity <sup>1</sup>	58	75 ▲	75 ▲	68
Adolescents—Tobacco Use <sup>1</sup>	78	93 ▲	93 ▲	75
Breast Cancer Screening	65 ▼	65 ▼	65 ▼	71
Colorectal Cancer Screening	53 ▼	54 ▼	58 ▼	64
Chlamydia Screening (Ages 16-24)	67 ▼	70 ▼	72 ▼	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	91	92	93 ▲	89
Spirometry Testing for COPD	36 ▼	35 ▼	28 ▼	52
Use of Imaging Studies for Low Back Pain	71 ▼	69 ▼	72 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	84	89	90	89
Pharmacotherapy Management for COPD—Corticosteroids	78	81	80	76
Medication Management for People with Asthma 50% (Ages 19-64)	67	63 ▼	65	69
Medication Management for People with Asthma 50% (Ages 5-18)	59	65 ▲	60	60
Asthma Medication Ratio (Ages 19-64)	61	53 ▼	53	57
Asthma Medication Ratio (Ages 5-18)	68	69	66	66
Persistence of Beta-Blocker Treatment After a Heart Attack	86	88	88	87
CDC—HbA1c Testing	89	91	91	93

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
CDC—HbA1c Control (<8%)	60	56	59	61
CDC—Eye Exam Performed	69	68	68	68
CDC—Nephropathy Monitor	91	90	90	93
CDC—BP Controlled (<140/90 mm Hg)	74 ▲	76 ▲	76 ▲	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	84	85		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	88 ▼	89 ▼		
Appropriate Treatment for URI	94	96 ▲	93 ▲	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	36	43 ▲	52 ▲	48
HIV Viral Load Suppression <sup>1</sup>	84	84	82	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	42		41	46
Advising Smokers to Quit <sup>2</sup>	81		77	79
Smoking Cessation Medications <sup>2</sup>	64		60	62
Smoking Cessation Strategies <sup>2</sup>	53		51	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	54	54	54	54
Antidepressant Medication Management—Effective Continuation Phase	37	39	37	38
Follow-Up Care for Children on ADHD Medication—Initiation	51 ▼	47 ▼	51 ▼	58
Follow-Up Care for Children on ADHD Medication—Continue	59	53 ▼	62	67
Follow-Up After Hospitalization for Mental Illness—30 Days	84 ▲	70	84 ▲	79
Follow-Up After Hospitalization for Mental Illness—7 Days	68 ▲	34 ▼	67	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	81	79	76 ▼	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	85	86	87	80
Antipsychotic Medications for Schizophrenia	62	60	62	64
Utilization				
Well-Child Visits—First 15 Months	63 ▼	85 ▲	77 ▲	69
Well-Child Visits—3 to 6 Year Olds	83 ▼	85	86	85
Adolescent Well-Care Visits	66 ▼	68	68	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	98 ▲	98 ▲	99 ▲	97
25 Months-6 Years	94	95 ▲	94	94
7-11 Years	97	97	97	97



Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
12-19 Years	96 ▲	94 ▲	96 ▲	95
<b>Adults' Access to Preventive/Ambulatory Services (AAP)</b>				
20-44 Years	86 ▲	86 ▲	86 ▲	82
45-64 Years	91 ▲	91 ▲	91 ▲	89
65+ Years	90	90	92	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	91	94 ▲		
Postpartum Care	68	68	82	83
Annual Dental Visit <sup>4</sup>	60	63 ▲	63 ▲	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 ROS
<b>QARR Prenatal Care Rates</b>				
<b>Medicaid</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	7%	-	7%	7%
Prenatal Care in the First Trimester	74%	74%	74%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	13%	-	11%	13%
Vaginal Birth After Cesarean	18%	-	18%	14%
<b>Commercial</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	5%	-	4%	4%
Prenatal Care in the First Trimester	88%	88%	89%	89%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	17%	-	20%	18%
Vaginal Birth After Cesarean	19%	-	15%	10%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that CDPHP was fully compliant with the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

#### *Evaluation of MCP Compliance with NYS Operational Standards*

For the focused reviews, CDPHP was in compliance with 13 of the 14 categories. The category in which CDPHP was not compliant was Organization and Management (1 citation). In 2019, CDPHP did not receive any deficiencies in the operational survey.

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	0	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	0		
Medical Records	0	0		
Member Services	0	0		
Organization and Management	0	1	Behavioral Health	1
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	0	0		
Utilization Review	0	0		
<b>Total</b>	<b>0</b>	<b>1</b>		

## Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	CDPHP	Statewide Average	CDPHP	Statewide Average	CDPHP	Statewide Average
Medicaid						
Advising Smokers to Quit	82	80	81	80	77	79
Coordination of Care <sup>1</sup>	88 ▲	80	86	81	85	81
Customer Service <sup>1</sup>	89 ▲	84	91 ▲	86	94 ▲	87
Flu Shots for Adults Ages 18-64	35 ▼	40	42	42	41	46
Getting Care Needed <sup>1</sup>	85 ▲	79	86 ▲	79	85	81
Getting Care Quickly <sup>1</sup>	83	80	85 ▲	78	87 ▲	81
Getting Needed Counseling/Treatment	75	74	85 ▲	69	67	71
Rating of Counseling/Treatment	75 ▲	64	65	60	67	62
Rating of Healthcare	80	75	83 ▲	77	82 ▲	75
Rating of Health Plan	82 ▲	76	87 ▲	76	85 ▲	76
Rating of Health Plan—High Users	81 ▲	77	91 ▲	80	88 ▲	77
Recommend Plan to Family/Friends	95 ▲	93	95 ▲	92	96 ▲	91
Satisfaction with Personal Doctor <sup>1</sup>	84 ▲	80	85 ▲	81	88 ▲	81
Satisfaction with Provider Communication <sup>1</sup>	91	91	93	91	94	92
Satisfaction with Specialist	82	80	84	80	88	82
Shared Decision Making <sup>1</sup>	83	79	82	80	82	80
Wellness Discussion	72	68	74	72	73	75

<sup>1</sup>These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP had a rate significantly better than the SWA for three consecutive years for the *Adult BMI assessment* measure. Additionally, the MCP had rates significantly better than the SWA in 2019 for the following HEDIS®/QARR measures: *WCC-BMI Percentile*, *WCC- Counseling for Nutrition*, *WCC- Counseling Physical Activity*, *Childhood Immunizations-Combo 3*, *APC- Depression*, *APC- Sexual Activity*, *APC- Tobacco Use* and *APC- Alcohol and Other Drug Use*.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rates for *CDC- BP Controlled (<140/90 mm Hg)* were significantly better than the SWA for three consecutive years. The MCP's rates were also significantly better than the SWA for the *Testing for Children with Pharyngitis*, *Appropriate Treatment for Upper Respiratory Infection* and *Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis* measures.

- The MCP's performance rates for the behavioral health HEDIS®/QARR rate for *Follow-Up After Hospitalization for Mental Illness-30 Days* was statistically above the SWA for 2019.
- In regard to the Access/Timeliness Indicators, the MCP's rates were greater than 90% of all MCPs for three consecutive years for the following age groups in the *Children and Adolescents' Access to PCPs (CAP)* and *Adults' Access to Preventive/Ambulatory Services (AAP)* measures: *12-24 Months*, *12-19 Years*, *20-44 Years*, and *45-64 Years*. In 2019, the MCP also had a rate that was greater than 90% of all MCPs for the *Annual Dental Visit* measure.
- In 2019, CDPHP had rates significantly better than the SWA for the following Adult CAHPS® measures: *Customer Service*, *Getting Care Quickly*, *Rating of Healthcare*, *Rating of Health Plan*, *Rating of Health Plan—High Users*, *Recommend Plan to Family/Friends*, and *Satisfaction with Personal Doctor*.

#### **Opportunities for Improvement:**

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP continues to demonstrate opportunities for improvement in the *Adolescent Immunizations-Combo 2*, *Breast Cancer Screening*, *Colorectal Cancer Screening*, and *Chlamydia Screening (Ages 16-24)* measures. The rates have been reported below the SWA for at least three consecutive years.
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP's rates for *Spirometry Testing for COPD* and *Use of Imaging Studies for Low Back Pain* have been reported below the SWA for at least three consecutive years.
- In regard to the HEDIS®/QARR Behavioral Health measures, CDPHP had rates significantly worse than the SWA for three consecutive years for the *Follow-Up Care for Children on ADHD Medication—Initiation* measure. Also in 2019, the MCP had a rate significantly worse than the SWA for the *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds* measure.
- The MCP continues to demonstrate an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 1 citation from the focused review surveys related to Behavioral Health in the Organization and Management category.

#### **Recommendations:**

- CDPHP continues to demonstrate an opportunity to improve the quality of care for HEDIS®/QARR measures in the Prevention and Screening domain. CDPHP should consider investigating barriers to members obtaining screenings specifically for breast cancer, colorectal cancer and chlamydia as these rates have been significantly below the SWA for three consecutive years. Based on the results of the MCP's barrier analysis the MCP should consider creating interventions that target both members and providers in an effort to maximize results.
- While CDPHP's rates for some behavioral health measures remained significantly worse than the SWA the MCP had an improvement in rates for 6 of the 9 measures and therefore should continue its current efforts to improve access to behavioral health providers. The MCP should consider tracking member participation and satisfaction with the services provided by Valera and Apti Health to determine its effectiveness with this population.

#### **Assessment of MCP Follow-up on Prior Recommendations**

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
<p>The MCP continues to struggle with improving rates for measures in the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain. The MCP should continue with its efforts to improve the reliability and validity testing regarding data collection, sampling, and analysis for HEDIS®, QARR, and Enhanced Primary Care (EPC) performance metrics. The MCP should utilize these quality improvements to identify and implement interventions that target preventative health screenings. The MCP's rates for Access to Care measures are at or above statewide benchmarks; therefore, the MCP should investigate barriers to care with this in consideration.</p>	<p>CDPHP continues to evaluate all HEDIS and QARR measures that perform below average as well as those that have excellent performance. The quality enhancement department working with corporate analytics, the quality informatics staff enhanced the HEDIS data processing and reporting and gap lists data corrections process to positively impact HEDIS rates and national ratings. In addition, they improved interim HEDIS reports (MY 2019 and 2020) to run an actionable gap list to help move low performing practitioners on high impact HEDIS measures, particularly our Enhanced Primary Care (EPC) practices, within the measurement year. The analytical data warehouse (ADW) continues to improve the efficiency of data analysis. Corporate analytics staff expertise in statistical analysis and utilization of other advance statistical tools continues to improve the QM program accuracy, reliability, and validity testing regarding data collection, sampling, and analysis for our HEDIS, QARR, and Enhanced Primary Care (EPC) performance metrics; Network GeoAccess reporting, Practitioner to Member Ratio Analysis reporting, practitioner gap lists, and practitioner quality performance profiling. All departments participate in the ongoing quality improvement process through active involvement in the internal team structure, which forms the mechanism to link quality management activities with other management functions. Internal team structure supports ad hoc end-to-end quality improvement efforts through the continuous quality improvement model of W. Edwards Deming's Plan-Do-Study-Act (PDSA) and monitors clinical and service quality through established quality indicators, which are reported quarterly to QMC and the board of directors.</p>
<p>The MCP's rates for the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain reflects rates that are below the statewide average for the measures regarding asthma medications for adult members. The MCP should consider the use of pharmacists in their outreach to members. Pharmacists can be utilized to educate members on the importance of refilling their prescriptions and providing</p>	<p>CDPHP continues to evaluate all HEDIS and QARR measures that perform below average as well as those that have excellent performance. The quality enhancement department working with corporate analytics, the quality informatics staff enhanced the HEDIS data processing and reporting and gap lists data corrections process to positively impact HEDIS rates and national ratings. In addition, they improved interim HEDIS reports (MY 2019 and 2020)</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>assistance on how and when to use the medications. The MCP should also consider collaborating with a community based organization (CBO) that outreaches to members face-to-face to assist with asthma education.</p>	<p>to run an actionable gap list to help move low performing practitioners on high impact HEDIS measures, particularly our Enhanced Primary Care (EPC) practices, within the measurement year. CDPHP also has created a workgroup to look at how best to interact with both our member and provider community. This is a cross functional workgroup including both pharmacists and repository therapists. We have conducted active outreach to our membership to discuss the proper use of these medications and help them develop asthma actions plans, allowing them to learn possible triggers and ways to prevent flare ups. Education about proper treatment is conducted through our EPC practices providing our network with strategies that enable the provider to discuss with our member the importance of using these medications correctly. CDPHP also utilizes two CBO's to help engage members and close gaps in care. They are responsible for performing two way interactions with our Managed Medicaid members to close gaps in contact non utilizers to care. The goals of theses interactions are to improve our results in the Asthma measure to meet or exceed the NYS 90<sup>th</sup> percentile for this measure. This measure along with others are monitored on a monthly basis and based on results process improvements are implemented using the PDSA cycle.</p>
<p>The MCP should investigate reasons behind its poor performance in the measures that had rates below the statewide average in the HEDIS®/QARR Behavioral Health domain. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from following up with care, such as transportation issues, appointment availability issues, or the network adequacy for behavioral health providers.</p>	<p>CDPHP has done an in-depth study of key factors that are contributing to these lower than expected rates. As part of our yearly quality evaluation an in depth study including social determinants of health, population risk status, risk stratification, and current population health management processes are conducted. Based on this analysis programs were created and put in place to help members with key factors that could be contributing a decrease in behavioral health results. CDPHP has contracted with Ride Health that will address social determinants of health by providing transportation for approved destinations in the counties of Albany, Rensselaer, Schenectady, Saratoga (cannot guarantee Fulton or Montgomery at this time). Improve the health of CDPHP's Medicaid members by further addressing transportation to community based <b>non-medical</b> services to facilitate a reduction</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>in social isolation. To provide a transportation platform, <a href="#">Ride Health</a>, that allows CDPHP's staff to provide Medicaid members with an enhanced service experience when accessing social care destinations. Allow CDPHP staff to schedule rides for Medicaid members in accordance with the current transportation program funded and administered by the Alliance for Better Health and Better Health of Northeast New York. We have also expanded our behavioral health network and decreased appointment availability issues by providing telehealth services with Valera and Apti Health that can be done from the convenience of one's home. These services. Our Hospital experience program allows for a seamless transition to home once discharged. To monitor these measures are monitored on a monthly basis and based on results process improvements are implemented using the PDSA cycle.</p>
<b><i>Access to/Timeliness of Care</i></b>	
<p>The MCP should consider creating a process that identifies providers who did not meet the necessary access and availability requirements for routine and non-urgent appointments. The MCP should focus on educating providers on the requirement of routine appointments scheduled within four (4) weeks of request and non-urgent "sick" appointments scheduled within forty-eight (48) to seventy-two (72) hours of request, as clinically indicated. The provider outreach can be done face-to-face or telephonically during routine visits by the designated MCP provider representatives. The MCP should also consider including reminders in existing provider newsletters on the importance of appointment timeframes.</p>	<p>CDPHP routinely includes the appointment timeframes in provider facing materials, such as provider newsletters and the provider office manual. CDPHP will explore additional mechanisms to address the identified failures by provider front office staff in granting appointments in accordance with state requirements. Currently, COVID has impacted provider offices, who have significantly updated appointment procedures. Perhaps it is timely to repeat an effort from years past, which comprised sending appointment access wall posters as well as desk guides for the relevant office staff. Since several years have passed since this last effort, we will evaluate repeating it again in the third or fourth quarter of 2021.</p>



## Empire BlueCross BlueShield HealthPlus

### Performance Improvement Project Findings

IPRO's validation of Empire BCBS HealthPlus's 2019-2021 PIP confirmed its alignment with CMS EQR Protocol 1. *Validation of Performance Improvement Projects.*

Empire BCBS HealthPlus aimed to promote optimal physical health and improve the developmental trajectory of its youngest and most vulnerable members by improving identification and access to services for at-risk children during the most crucial period of development, their first 1,000 days of life. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Targeted text messaging to parent/guardian of all members aged 0-2 years, 0-3 months and 0-3 years prompting them to get lead screenings, hearing loss screenings and developmental delay screenings respectively and follow up with their PCP.
- Clinical case managers called parent/guardian of members who had a blood lead level of  $\geq 5$ mcg/dl to educate them on the need for follow-up with their PCP for additional testing and referrals for needed services.
- The Maternity Outreach Team called all pregnant members during their prenatal period and members with a live birth within two months postpartum and conducted education on the importance of lead and hearing screenings.
- The Maternity Outreach Team conducted education on screenings at baby shower events.

#### Provider-Focused Interventions:

- All providers were sent monthly gaps in care reports identifying members who may have been in need of a lead screening.
- Conducted provider education visits to the largest 50 pediatric provider groups to discuss required follow-up care for lead, hearing, and developmental delay screenings including coding education/guidance.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Screening</b>			
Blood lead test: Age 1 year	67.75%	69.84%	72.75%
Blood lead test: Age 2 years	70.19%	61.40%	75.19%
Blood lead test: Age 1 and 2 years	57.05%	49.41%	62.05%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	0%	6.25%	5.00%
Confirmed venous BLL of $\geq 5$ mcg/dl	0%	5.15%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	0%	21.00%	50.00%
Confirmed venous BLL $\geq 10$ mcg/dl	0%	1.95%	Not



Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
			Available
Confirmed venous BLL $\geq$ 10mcg/dl, follow-up test within 1 month	N/A	9.00%	50.00%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	89.05%	82.9%	94.05%
Did not pass screening by 1 month of age	0.97%	2.80%	N/A
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	16.67%	10.32%	21.67%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	44.44%	30.77%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	75.00%	100.0%	80.00%
Completed hearing screening before 3 months of age	97.66%	89.97%	100%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	19.05%	18.75%	24.05%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	66.67%	100%	71.67%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	15.89%	16.16%	20.89%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	27.00%	26.69%	32.00%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	27.87%	28.11%	32.87%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	23.84%	23.78%	28.84%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.06%	2.03%	5.06%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0.48%	5.00%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by DTS Group indicated that Empire BCBS HealthPlus met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	84	85	85	<b>90</b>
WCC—BMI Percentile	81	82 ▼	82 ▼	<b>88</b>
WCC—Counseling for Nutrition	81	81	81	<b>84</b>
WCC—Counseling for Physical Activity	67 ▼	72	72	<b>76</b>
Childhood Immunizations—Combo 3	67 ▼	72	73	<b>74</b>
Lead Screening in Children	88	89	89	<b>89</b>
Adolescent Immunizations—Combo 2	42	42	42	<b>45</b>
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	61	62	62 ▼	<b>71</b>
Adolescents—Depression <sup>1</sup>	53	64	64	<b>68</b>
Adolescents—Sexual Activity <sup>1</sup>	58	59 ▼	59 ▼	<b>68</b>
Adolescents—Tobacco Use <sup>1</sup>	62 ▼	67	67	<b>75</b>
Breast Cancer Screening	73 ▲	72 ▲	72	<b>71</b>
Colorectal Cancer Screening	61	58 ▼	59	<b>64</b>
Chlamydia Screening (Ages 16-24)	77 ▲	78 ▲	80 ▲	<b>76</b>
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	90 ▼	90 ▼	88 ▼	<b>89</b>
Spirometry Testing for COPD	56	53	54	<b>52</b>
Use of Imaging Studies for Low Back Pain	83 ▲	82	84 ▲	<b>79</b>
Pharmacotherapy Management for COPD—Bronchodilators	85	93	89	<b>89</b>
Pharmacotherapy Management for COPD—Corticosteroids	71	75	72	<b>76</b>
Medication Management for People with Asthma 50% (Ages 19-64)	69	70	71	<b>69</b>
Medication Management for People with Asthma 50% (Ages 5-18)	54 ▼	59	59	<b>60</b>
Asthma Medication Ratio (Ages 19-64)	52 ▼	54 ▼	56	<b>57</b>
Asthma Medication Ratio (Ages 5-18)	65	67	65	<b>66</b>
Persistence of Beta-Blocker Treatment After a Heart Attack	82	80	89	<b>87</b>
CDC—HbA1c Testing	91	92	92	<b>93</b>
CDC—HbA1c Control (<8%)	54	56	56	<b>61</b>
CDC—Eye Exam Performed	63	64	65	<b>68</b>
CDC—Nephropathy Monitor	93	92	92	<b>93</b>
CDC—BP Controlled (<140/90 mm Hg)	54 ▼	61 ▼	61 ▼	<b>67</b>
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	82	83		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	93 ▲	92		
Appropriate Treatment for URI	93 ▼	94 ▼	88 ▼	<b>89</b>
Avoidance of Antibiotics for Adults with Acute Bronchitis	34	36	48	<b>48</b>
HIV Viral Load Suppression <sup>1</sup>	73	74	77	<b>78</b>

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	39		41	46
Advising Smokers to Quit <sup>2</sup>	76		SS	79
Smoking Cessation Medications <sup>2</sup>	52		SS	62
Smoking Cessation Strategies <sup>2</sup>	45		SS	56
<b>Effectiveness of Care: Behavioral Health</b>				
Antidepressant Medication Management—Effective Acute Phase	53	53	55	54
Antidepressant Medication Management—Effective Continuation Phase	38	38	40	38
Follow-Up Care for Children on ADHD Medication—Initiation	66 ▲	58	63 ▲	58
Follow-Up Care for Children on ADHD Medication—Continue	74	66	76	67
Follow-Up After Hospitalization for Mental Illness—30 Days	77	73	77	79
Follow-Up After Hospitalization for Mental Illness—7 Days	60	62	61	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	84	84	85	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	80	78	79	80
Antipsychotic Medications for Schizophrenia	63	62	70 ▲	64
<b>Utilization</b>				
Well-Child Visits—First 15 Months	66 ▼	81 ▲	71 ▲	69
Well-Child Visits—3 to 6 Year Olds	86 ▲	87 ▲	88 ▲	85
Adolescent Well-Care Visits	72 ▲	71 ▲	73 ▲	69
<b>Access to Care</b>				
<b>Children and Adolescents' Access to PCPs (CAP)</b>				
12-24 Months	97 ▲	98 ▲	98	97
25 Months-6 Years	95 ▲	95 ▲	96 ▲	94
7-11 Years	98 ▲	98 ▲	98 ▲	97
12-19 Years	96 ▲	96 ▲	97 ▲	95
<b>Adults' Access to Preventive/Ambulatory Services (AAP)</b>				
20-44 Years	81 ▼	81	82	82
45-64 Years	88 ▼	88 ▼	89	89
65+ Years	90 ▼	90 ▼	90 ▼	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	87	83 ▼		
Postpartum Care	73	71	79	83
Annual Dental Visit <sup>4</sup>	59 ▼	59 ▼	61 ▼	62

Note: Rows shaded in grey indicate that the measure is not required to be reported.

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder; SS: Sample size too small to be reported

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the CHP age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>NYC</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	7%	7%
Prenatal Care in the First Trimester	80% ▲	80% ▲	78%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	14%	-	14%	14%
Vaginal Birth After Cesarean	15%	-	18%	20%
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	13% ▼	-	6%	7%
Prenatal Care in the First Trimester	74%	74%	71%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	17%	-	19%	13%
Vaginal Birth After Cesarean	13%	-	23%	14%

*Note: Some of the 2017 rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that Empire BCBS HealthPlus was fully compliant with ten of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	D=1, C=1
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on review of the provider contracts sampled as part of a targeted survey conducted HealthPlus HP, LLC failed to provide the NYSDOH with approval letters that correspond with three of the 27 contracts reviewed for compliance. HealthPlus was unable to provide evidence that the three contracts were executed on a contract, or, a contract template that had been reviewed and approved by the NYSDOH.

#### ***Evaluation of MCP Compliance with NYS Operational Standards***

For the operational survey, HealthPlus was in compliance with 13 of the 14 categories. The category in which HealthPlus was not compliant was Service Delivery Network (1 citation). For the focused reviews, HealthPlus did not have any deficiencies in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	0	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	1	0
Utilization Review	0	0
<b>Total</b>	<b>1</b>	<b>0</b>

#### **Quality of Care Survey Findings – Member Satisfaction**

Measure	2015		2017		2019	
	HealthPlus	Statewide Average	HealthPlus	Statewide Average	HealthPlus	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	74	80	76	80	SS	79
Coordination of Care <sup>1</sup>	76	80	79	81	78	81
Customer Service <sup>1</sup>	82	84	86	86	88	87
Flu Shots for Adults Ages 18-64	47 ▲	40	39	42	41	46
Getting Care Needed <sup>1</sup>	74 ▼	79	76	79	77	81
Getting Care Quickly <sup>1</sup>	75	80	75	78	77	81
Getting Needed	60 ▼	74	42 ▼	69	SS	71

<b>Counseling/Treatment</b>						
<b>Rating of Counseling/Treatment</b>	59	<b>64</b>	37 ▼	<b>60</b>	SS	<b>62</b>
<b>Rating of Healthcare</b>	74	<b>75</b>	71	<b>77</b>	76	<b>75</b>
<b>Rating of Health Plan</b>	78	<b>76</b>	76	<b>76</b>	76	<b>76</b>
<b>Rating of Health Plan—High Users</b>	77	<b>77</b>	76	<b>80</b>	88 ▲	<b>77</b>
<b>Recommend Plan to Family/Friends</b>	94	<b>93</b>	92	<b>92</b>	90	<b>91</b>
<b>Satisfaction with Personal Doctor<sup>1</sup></b>	76	<b>80</b>	78	<b>81</b>	79	<b>81</b>
<b>Satisfaction with Provider Communication<sup>1</sup></b>	74	<b>80</b>	74	<b>80</b>	86	<b>82</b>
<b>Satisfaction with Specialist</b>	89	<b>91</b>	89	<b>91</b>	91	<b>92</b>
<b>Shared Decision Making<sup>1</sup></b>	75	<b>79</b>	81	<b>80</b>	79	<b>80</b>
<b>Wellness Discussion</b>	64	<b>68</b>	68	<b>72</b>	75	<b>75</b>

SS: Sample size too small to report

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP continues to have a rate above the statewide average for the HEDIS®/QARR *Chlamydia Screening in Women (Ages 16-24)* measure.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rate for the *Use of Imaging Studies for Low Back Pain* was significantly better than the SWA in 2019.
- The MCP's performance rates for behavioral health services have trended upwards, with 8 out of 9 measures showing an improvement from 2018. The HEDIS®/QARR rates for *Follow-Up Care for Children on ADHD Medication: Initiation* and *Antipsychotic Medications for Schizophrenia* are statistically better than the SWA in 2019.
- In regard to Access/Timeliness Indicators, the MCP's HEDIS®/QARR rates for *Well-Child Visits – 3 to 6 Year Olds*, *Adolescent Well-Care Visits*, and *Children and Adolescents' Access to PCPs (Ages 25 Months-6 Years, 7-11 Years, and 12-19 Years)* were significantly better than the SWA for three consecutive reporting years. Additionally, the rates for *Well-Child Visits in the First 15 Months of Life* were significantly better than the SWA in 2019.  
In 2019, HealthPlus had a rate that was significantly better than the SWA for the *Rating of Health Plan—High Users* Adult CAHPS® measure.

### **Opportunities for Improvement:**

- In the HEDIS®/QARR Prevention and Screening domain, the MCP had rates statistically below the SWA for the following measures: *WCC—BMI Percentile, APC- Alcohol and Other Drug Use, and Adolescents—Sexual Activity.*
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP continues to demonstrate opportunities for improvement. The MCP's rate for the *Testing for Children with Pharyngitis, CDC—BP Controlled (<140/90 mm Hg), and Appropriate Treatment for URI* measures have been reported below the statewide average for at least three consecutive reporting years.
- In regards to the Access to Care measures, the MCP's rates have been reported below the statewide average for at least three consecutive years for the following measures: *Adults' Access to Preventive/Ambulatory Health Services* measures: *65+ Years* and *Annual Dental Visit.*
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP 7 citation from the operational review surveys related to Service Delivery Network.

### **Recommendations:**

- While Access to Care HEDIS®/QARR rates for children and adolescents has improved, the MCP's reported rates for certain prevention and screenings for these age groups have remained below the SWAs. The MCP should continue to routinely evaluate performance throughout the measurement year and focus on interventions and strategies to address those lower performing HEDIS /QARR measures. The MCP should consider including interventions that target children and adolescents to their current quality strategy.
- HealthPlus demonstrates an opportunity to improve members' access to annual dental visits and access to preventative/ambulatory services for members aged 65 and older. The MCP should continue to evaluate the current intervention strategies for access to care measures and make improvements to achieve better outcomes. In addition to the MCP's current interventions for adult members, the MCP should also consider evaluating its provider network adequacy to identify other barriers to members accessing dental care and routine services.

### **Assessment of MCP Follow-up on Prior Recommendations**

<b>Identified Opportunity for Improvement EQRO/IPRO Recommendation</b>	<b>Response/Actions/Next Steps</b>
<b>Quality of Care</b>	
While the MCP has demonstrated improvements with the provider network indicators, the rate of adult members accessing preventative services has consistently performed below statewide averages. The MCP should look at barriers preventing providers from conducting these services, such as lack of cultural	Empire Blue Cross Blue Shield HealthPlus conducts detailed analyses of our performance on HEDIS and CAHPS measures to identify barriers related to Access to Care and completion of preventive screening and implemented interventions to promote the utilization of preventive care services for our adult members.  The Plan monitors access, availability and usage of the Provider Network Alignment with Membership along with cultural

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>competency, limited time during well-visits, or improper coding. The MCP should also look at barriers preventing members from accessing these services, such as transportation concerns or work schedule conflicts with office hours. The MCP has had improvements with child and adolescent well-care visits and implemented similar interventions with the adult population but did not have the same results. The MCP should consider evaluating these outcomes and enhance the current interventions that target the preventive care needs for the adult population.</p>	<p>competency, translation services and Interpreter Service Utilization. Interpreter service utilization has been low and the Plan makes every effort to continue to educate members and providers of the service for use. In order to ensure the Provider Network is aligned to the cultural needs of EBCBS-HP membership, we analyze the results of an annual assessment of characteristics and needs of the member population against the provider network. The Plan's provider network is robust and equipped to meet the linguistic needs of our membership. The results from the member demographic analysis demonstrate that the Plan's provider network is adequate to meet the diverse cultural needs of our membership.</p> <p>The Plan monitors practitioner appointment accessibility, after-hour accessibility and telephone accessibility annually to ensure members have timely access to their medical and behavioral healthcare practitioners and prompt response to telephonic inquiries. The Plan continues to work with the network to ensure and enhance after hours care availability at PCP offices, offers urgent care services to ensure that members have access to care when needed. Provider services workgroups assess performance over time and address any actions that are needed. Results are shared through Provider Committee and Quality Committee meetings.</p> <p>Coding review and education is also made available to the network to address any issues or concerns and Provider Relations and Quality Management staff are available to talk with providers that may experience an issue or concern in reviewing and supporting appropriate standards of care, coverage etc. to ensure robust and appropriate care is available.</p> <p>The Plan continues to work on methods to engage healthy and non -healthy adults into their care preventively rather than episodic care and employs year round messaging and outreach to engage members into care and share reports with providers to ensure gap closure for members. The Plan's Quality Management team reviews the monthly HEDIS/QARR performance dashboard to monitor and evaluate measure performance throughout the measurement year. Collaboratively, we focus on interventions and strategies to address those lower performing HEDIS /QARR measures. Upon analysis, we continue to implement strategically targeted interventions that would lead to improvements in the areas</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>identified as consistently reporting below Statewide Average or a decrease from the prior year. Additionally, performance is reviewed through the Quality Committee review process through the year. Annual evaluations are conducted to determine the impact of programming and where additional changes can impact member's engagement and completion of screenings and care needs.</p> <p>Interventions for adult members, to help improve rates and further coordinate care needs have included (and are on-going):</p> <ul style="list-style-type: none"> <li>• The Health Plan continued to produce live calls and text messages in: English, Spanish, Chinese, Arabic and Korean that discuss access, benefits, education and number for members to outreach to the Plan for assistance in scheduling appointments and connecting members to care</li> <li>• Distributing text message (and live call) reminders for well visits and measure specific service gaps</li> <li>• Hosting enhanced clinic days at provider sites, Empire community centers and at radiology clinics to address gaps for CDC Eye Exams and Breast Cancer Screening</li> <li>• Develop co-branded mailings in partnership with PCPs with large member panels to encourage members to contact their PCPs for preventive well visits</li> <li>• Home visits for Diabetes eye care gaps</li> <li>• Member education regarding the availability of urgent care centers</li> <li>• The Health Plan displays preventive health information, and plan services on the Member Portal of the plan's website</li> <li>• The Health Plan continued offering a member Incentive program to encourage member preventive health screenings and chronic care services.</li> </ul> <p>For Providers, the Plan implemented the following in 2019 and 2020 (and are on- going):</p> <ul style="list-style-type: none"> <li>• Distributing gaps in care lists and quality report cards to PCPs to identify members who have outstanding care gaps</li> <li>• Developed and shared Provider Webinar series to provide education on primary education needs including care gaps review, ensuring appropriate documentation needs and improvement, ICD 10 coding, patient screening</li> <li>• Partnering with IPAs and large hospital systems within our provider network to conduct non-user outreach for members with 12 or more months with no claims</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<ul style="list-style-type: none"> <li>• Onsite provider visits to review quality measure performance including well and chronic care services and the importance of PCPs building a relationship with all assigned members</li> <li>• Monitoring progress versus performance goals for Provider Access and Availability specifically to identify access issues for Family &amp; General Practice, Internist and Pediatricians</li> <li>• Empire Provider Solutions team also conducts bi-annual access and availability surveys of network providers to assess provider compliance with NYS DOH appointment availability standards.</li> </ul> <p>Additionally, the Plan completed the following activities in 2019 and 2020, and continues to:</p> <ul style="list-style-type: none"> <li>• Track, monitor, and trend member complaints related to access to care</li> <li>• Analyze Member complaints/grievances and appeals and services in at least the following categories to identify negative trends, perform root cause/barrier analysis, and develop appropriate interventions to decrease Member complaints/grievances: Quality of Care and Access to Care</li> <li>• Analyze Member disenrollment reports to identify disenrollment reasons, identify negative reasons, perform root cause/barrier analysis, and develop appropriate interventions to decrease preventable disenrollment reasons</li> </ul> <p>The Health Plan will continue reviewing barriers to care and its impact, developing interventions to address those barriers and tracking outcomes to meet the goal of exceeding the statewide 50th percentile benchmarks for all measures and maximizing performance, access to care and ensuring members are aware of benefits and have opportunities to engage in care.</p>
<b>Access to/Timeliness of Care</b>	
<p>With the MCP's after-hours appointment rate for primary care and OB/GYN providers below the 75% threshold, Empire BCBS HealthPlus should initiate a process of identifying providers who do not meet the necessary access and availability requirements. The MCP should provide education on the after-hours appointment timeframe requirements and monitor the identified providers. Provider education can be done during the existing onsite provider visits to</p>	<p>Empire Blue Cross Blue Shield HealthPlus (the Plan) regularly monitors its provider network through any member concerns/complaints regarding access or availability. In addition, on an annual basis, a formal survey process is conducted to ensure providers are aware of what is required from them when it comes to Appointment Access &amp; Availability and After Hours standards. As part of the Plan's strategy to increase the compliance threshold, which is set at 90% for the majority of the measures, the responsibilities of the provider are outlined in the participating provider manual. As a follow-up to any access complaints, the Plan will routinely educate Primary Care, OB/GYN or Oncology providers of their Access and Availability responsibilities.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>review quality measure performance. The MCP should also consider including reminders in existing provider communications such as newsletters and fax blasts on the importance of having after-hours availability.</p>	<p>Provider Relations Account Managers have available to them detailed information available in the Provider Manual to remind providers of their responsibilities, which was developed as part of an ongoing education campaign for use during provider contact or Virtual provider office visits. Specifically, said communication is included in the Participating Provider Manual (pgs. 61 &amp; 62) for reference by Empire BlueCross BlueShield HealthPlus' provider network.</p> <p><a href="https://mediprovider.empireblue.com/docs/gpp/NYE_CAID_ProviderManual.pdf?v=202102050120">https://mediprovider.empireblue.com/docs/gpp/NYE_CAID_ProviderManual.pdf?v=202102050120</a></p> <p>Additionally, the Plan performs a detailed telephonic provider survey twice per year, generally during the months of May &amp; October, to confirm adherence to Appointment Availability and After Hours standards and further increase the compliance threshold. This is accomplished through the Plan's survey partner, SPH Analytics. SPH stands for Symphony Performance Health. The SPH surveyor contacts Primary Care, OB/GYN and Oncology provider offices telephonically and speaks with a representative at said provider's office. The surveyor reveals he or she is calling on behalf of the Plan to evaluate member access to care. The calls are not conducted using a secret shopper methodology. The SPH surveyor presents different scenarios of seeking care and asks when a provider in that office could see a member for each scenario. The responses are then measured against the Appointment Availability and After Hours contractual timeframes for each type of care sought.</p> <p>Additionally, providers who fail the Plan's Appointment Availability and After Hours standards after completion of the survey are contacted by mail in a follow-up education mailing campaign. The mailing outlines the provider's specific areas of noncompliance and asks providers to respond to the health plan within 15 business days outlining actions taken to remedy the issues. The Plan then works with its survey partner to resurvey the failing providers during its next wave to ensure compliance. If a Physician's office continually fails, the Plan will escalate the matter to the appropriate Committees for additional disciplinary actions, which can include suppression, or termination from the Plan's network.</p> <p>Lastly, Empire HealthPlus' Provider Manual includes the</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Appointment Availability and After Hours standards for reference at any time. Providers can find the most up-to-date copy of the Manual online at <a href="https://mediproviders.empireblue.com/Documents/NYNY_CAI_D_ProviderManual.pdf">https://mediproviders.empireblue.com/Documents/NYNY_CAI_D_ProviderManual.pdf</a>, or they can contact their Provider Relations representative by phone or email. The Plan believes it is its role to educate and ensure that physicians in its network meet the highest care standards for our members.</p>

## Excellus Health Plan, Inc.

### Performance Improvement Project Findings

I PRO's validation of Excellus's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

Excellus aimed to identify key barriers impacting child development including environmental issues, lead poisoning, newborn hearing loss, adequate treatment, and consistent developmental screening and parental survey of developmental milestones. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Conducting outreach via telephone calls to caregivers of members in need of testing and/or follow up to facilitate appointment scheduling.
- Distribution of parent tip letter based on educational materials from NYS DOH after telephonic contact is made including information on community early intervention service available for parents to discuss with primary medical provider.
- Conducting outreach to caregivers of members who require diagnostic audiological evaluation or EI services.
- Case managers assist with arranging transportation for caregivers and children requiring EI services.

#### Provider-Focused Interventions:

- Generation of monthly reports for providers identifying patients in their practice who are not in compliance with the lead testing guidelines and who have blood test results that require follow up.
- Embedded staff making outreach calls for Well Child Visits and providing education regarding importance to lead screening, symptoms, results of elevated levels, and assisting parent/guardian to schedule next well child visit.
- Partnership with provider practice group to identify current state of measurement limitations within electronic medical record systems.

#### MCP-Focused Interventions:

- Engaging a practice group to identify process and adherence to developmental screening and receipt of developmental screening completion within 1, 2, and 3 – year time frames.
- With practice partner, identify barriers to screening and possible interventions to address accurate tracking of global developmental screening data from EMR system.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Screening</b>			
Blood lead test: Age 1 year	63.78%	95.65%	67%
Blood lead test: Age 2 years	66.50%	98.87%	67%
Blood lead test: Age 1 and 2 years	48.41%	50.07%	60.9%
Confirmatory venous blood lead test for capillary BLL $\geq$ 5mcg/dl,	60.84%	65.97%	85.05%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
within 3 months			
Confirmed venous BLL of $\geq 5$ mcg/dl	2.01%	3.36%	0.3%
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	0%	21.26%	25%
Confirmed venous BLL $\geq 10$ mcg/dl	0.45%	0.22%	4.3%
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	0%	43.64%	25%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	71.89%	87.07%	97.37%
Did not pass screening by 1 month of age	1.14%	0.82%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	37.25%	6.01%	39.1%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	36.84%	0%	67%
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	0%	Maintain baseline
Completed hearing screening before 3 months of age	94.87%	91.03%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	52.6%	0%	55.23%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	100%	0%	Maintain baseline
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	16.1%	18.73%	17%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	33.7%	41.12%	39.1%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	29.4%	36.98%	30.87%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	26.6%	32.74%	27.93%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	1.05%	25%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	50%	25%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Advent Advisory Group indicated that Excellus met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

### Medicaid/CHP

Measure	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	94 ▲	94 ▲	94	90
WCC—BMI Percentile	90 ▲	89	89	88
WCC—Counseling for Nutrition	89 ▲	86	86	84
WCC—Counseling for Physical Activity	80 ▲	77	77	76
Childhood Immunizations—Combo 3	83 ▲	86 ▲	86 ▲	74
Lead Screening in Children	87	82 ▼	86 ▲	89
Adolescent Immunizations—Combo 2	39	40	40	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	71	76	76	71
Adolescents—Depression <sup>1</sup>	77 ▲	73	73	68
Adolescents—Sexual Activity <sup>1</sup>	69	74	74	68
Adolescents—Tobacco Use <sup>1</sup>	85 ▲	84 ▲	84 ▲	75
Breast Cancer Screening	65 ▼	67 ▼	66 ▼	71
Colorectal Cancer Screening	56 ▼	59	59 ▼	64
Chlamydia Screening (Ages 16-24)	59 ▼	59 ▼	59 ▼	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	93 ▲	94 ▲	93 ▲	89
Spirometry Testing for COPD	43 ▼	40 ▼	44 ▼	52
Use of Imaging Studies for Low Back Pain	74 ▼	75	77 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	88	91	91	89
Pharmacotherapy Management for COPD—Corticosteroids	80	83 ▲	85 ▲	76
Medication Management for People with Asthma 50% (Ages 19-64)	69	71	68	69
Medication Management for People with Asthma 50% (Ages 5-18)	60	61	60	60
Asthma Medication Ratio (Ages 19-64)	60	60	50 ▼	57
Asthma Medication Ratio (Ages 5-18)	68 ▲	66	57 ▼	66
Persistence of Beta-Blocker Treatment After a Heart Attack	85	86	90	87
CDC—HbA1c Testing	89	89	89 ▼	93
CDC—HbA1c Control (<8%)	54	57	57	61
CDC—Eye Exam Performed	71	69	69	68
CDC—Nephropathy Monitor	91	89 ▼	89 ▼	93
CDC—BP Controlled (<140/90 mm Hg)	72 ▲	76 ▲	76 ▲	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	90	82		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	87 ▼	87 ▼		
Appropriate Treatment for URI	94 ▼	95	93 ▲	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	38 ▲	40 ▲	57 ▲	48
HIV Viral Load Suppression <sup>1</sup>	84 ▲	81 ▲	84	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	45		47	46

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Advising Smokers to Quit <sup>2</sup>	68		72	79
Smoking Cessation Medications <sup>2</sup>	49		65	62
Smoking Cessation Strategies <sup>2</sup>	44		55	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	47 ▼	50 ▼	53	54
Antidepressant Medication Management—Effective Continuation Phase	35 ▼	38	38	38
Follow-Up Care for Children on ADHD Medication—Initiation	44 ▼	45 ▼	45 ▼	58
Follow-Up Care for Children on ADHD Medication—Continue	51 ▼	53 ▼	53 ▼	67
Follow-Up After Hospitalization for Mental Illness—30 Days	72 ▼	83 ▲	77	79
Follow-Up After Hospitalization for Mental Illness—7 Days	56 ▼	77 ▲	61	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	78 ▼	77 ▼	79 ▼	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	68	74	75	80
Antipsychotic Medications for Schizophrenia	61	60	67	64
Utilization				
Well-Child Visits—First 15 Months	70 ▲	85 ▲	71 ▲	69
Well-Child Visits—3 to 6 Year Olds	82 ▼	84 ▼	86	85
Adolescent Well-Care Visits	67 ▼	67	69	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	99 ▲	99 ▲	99 ▲	97
25 Months-6 Years	94	94	94	94
7-11 Years	97	97	97	97
12-19 Years	97 ▲	96 ▲	97 ▲	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	87 ▲	87 ▲	87 ▲	82
45-64 Years	91 ▲	91 ▲	91 ▲	89
65+ Years	91	92	91	92
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	92 ▲	92 ▲		
Postpartum Care	63 ▼	69		
Annual Dental Visit <sup>4</sup>	63 ▲	62 ▲	63	62

Note: Rows shaded in grey indicate that the measure is not required to be reported.

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder



<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

	Medicaid/CHP			
Measure	2016	2017	2018	2018 ROS Average
QARR Prenatal Care Rates				
Medicaid				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	6%	7%
Prenatal Care in the First Trimester	76%	76%	73%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	11%	-	14%	13%
Vaginal Birth After Cesarean	16%	-	18%	14%
Commercial				
Risk-Adjusted Low Birth Weight <sup>1</sup>	4%	-	4%	4%
Prenatal Care in the First Trimester	90% ▲	89% ▲	89%	89%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	17%	-	18%	18%
Vaginal Birth After Cesarean	13%	-	11%	10%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days.

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that Excellus was fully compliant with ten of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	D=1, C=0
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on staff interview and review of the final adverse determination notice and the Managed Care Decision Fair Hearing Request form, Excellus failed to ensure the notice and the form issued to the enrollee was factual and accurate in nature. Specifically, Excellus entered the incorrect date, as the last date to file a request for a fair hearing on the Managed Care Decision Fair Hearing Request Form for 1 of 11 utilization review cases reviewed for Medicaid Standard Appeal.

### *Evaluation of MCP Compliance with NYS Operational Standards*

For the operational survey, Excellus was in compliance with 13 of the 14 categories. The category in which CDPHP was not compliant was Service Delivery Network (1 citation). Excellus did not receive any deficiencies in the focused reviews in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	0	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	1	0
Utilization Review	0	0
<b>Total</b>	<b>1</b>	<b>0</b>

### **Quality of Care Survey Findings – Member Satisfaction**

The following table displays the question category, the MCP's rates, and the statewide averages for Measurement Years 2015, 2017, and 2019. In 2019, the MCP's rates trended upwards for 71% of the Adult CAHPS® measures.

Measure	2015		2017		2019	
	Excellus	Statewide Average	Excellus	Statewide Average	Excellus	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	83	80	81	80	72	79
Coordination of Care <sup>1</sup>	80	80	81	81	84	81
Customer Service <sup>1</sup>	87	84	83	86	90	87
Flu Shots for Adults Ages 18-64	41	40	48 ▲	42	47	46
Getting Care Needed <sup>1</sup>	86 ▲	79	82	79	81	81

Measure	2015		2017		2019	
	Excellus	Statewide Average	Excellus	Statewide Average	Excellus	Statewide Average
Getting Care Quickly <sup>1</sup>	84 ▲	80	79	78	87 ▲	81
Getting Needed Counseling/Treatment	82	74	70	69	72	71
Rating of Counseling/Treatment	59	64	66	60	59	62
Rating of Healthcare	78	75	84 ▲	77	78	75
Rating of Health Plan	82 ▲	76	80	76	84 ▲	76
Rating of Health Plan—High Users	83	77	85	80	82	77
Recommend Plan to Family/Friends	95 ▲	93	93	92	92	91
Satisfaction with Personal Doctor <sup>1</sup>	80	80	83	81	78	81
Satisfaction with Provider Communication <sup>1</sup>	92	91	92	91	90	92
Satisfaction with Specialist	85	80	79	80	83	82
Shared Decision Making <sup>1</sup>	80	79	79	80	81	80
Wellness Discussion	71	68	74	72	77	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP continues to have a rate above the SWA for the *Childhood Immunizations—Combo 3*, *Lead Screening in Children*, and *Adolescents—Tobacco Use* measures.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rates for *Testing for Children with Pharyngitis*, *CDC—BP Controlled (<140/90 mm Hg)*, and *Avoidance of Antibiotics for Adults with Acute Bronchitis* were significantly better than the SWA for three consecutive years. In 2019, the MCP also had rates above the SWA for the *Pharmacotherapy Management for COPD—Corticosteroids* and *Appropriate Treatment for URI* measures.
- In regard to the Access/Timeliness, the MCP's rates for HEDIS®/QARR *Well-Child Visits in the First 15 Months of Life*, *Children & Adolescents' Access to PCPs (ages 12-24 Months and 12-19 Years)* and *Adults' Access to Preventive/Ambulatory Services (ages 20-44 Years and 45-64 Years)* have been reported above the statewide average for three consecutive reporting years.
- Excellus had Adult CAHPS® rates significantly better than the SWA for the *Getting Care Quickly* and *Rating of Health Plan* measures.

### ***Opportunities for Improvement:***

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP continues to demonstrate opportunities for improvement in the *Breast Cancer Screening*, *Colorectal Cancer Screening*, and *Chlamydia Screening (Ages 16-24)*.
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP continues to demonstrate opportunities for improvement. The MCP's rate for *Spirometry Testing for COPD* was reported significantly worse than the SWA for at least three consecutive reporting years. Additionally, the rates for *Use of Imaging Studies for Low Back Pain* *Asthma Medication Ratio (Ages 5-18 & 19-64)* *CDC—HbA1c Testing*, and *CDC—Nephropathy Monitor* were reported significantly worse than the SWA in 2019.
- In regard to the behavioral health measures, the MCP's rates have been reported significantly worse than the SWA for at least three consecutive years for the *Follow-Up Care for Children on ADHD Medication—Initiation*, *Follow-Up Care for Children on ADHD Medication—Continue* and *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds* measures.
- In 2019, Excellus' rate for *Well-Child Visits—3 to 6 Years* was significantly below the SWA.
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 1 citation from the operational review surveys related to Service Delivery Network.

### ***Recommendations:***

- The MCP continues to have opportunities to improve quality of care with preventative screenings and chronic care measures. With the rate for breast cancer screenings and chlamydia screenings in women consistently below the statewide average, the MCP should evaluate current interventions to determine how effective these interventions are at targeting women's health needs. In addition to women's health needs, the MCP should continue to conduct measure-specific barrier analysis to determine factors preventing members from seeking care for acute and chronic conditions, such as cultural barriers that prevent members from seeking care, provider network inadequacies, lack of available appointment times, and transportation issues. In addition to the MCP's quality strategy of collaborating with providers, using mobile clinics and providing member education, the MCP should also consider implementing member incentives. [Repeat recommendation.]
- Excellus' rates for 3 out of 9 behavioral health measures continue to fall below the SWA. The MCP should continue its initiatives of member incentives, provider incentives, and telehealth services to address these measures. The MCP should consider monitoring the effectiveness of these interventions and modify as needed. The MCP should also consider any barriers to members accessing behavioral health services within their communities. Collaborating with a community based organization (CBO) that provides behavioral health services to members face-to-face to provide support and assist with member education can be used in addition with the MCP's current initiatives. [Repeat recommendation.]

## Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
While the MCP's rates for behavioral health measures has trended upwards, the MCP's rates continue to fall below the statewide averages. The MCP should continue its previously launched initiatives for addressing measures related to Behavioral Health medication adherence. The member and provider incentives, and the use of telehealth are very promising interventions added in 2018. The MCP should consider monitoring the effectiveness of these interventions and modify as needed. The MCP should also consider the use of pharmacists to provide education to members regarding behavioral health mediations.	The MCP continues to utilize member incentives, provider incentive via VBP arrangements, and leverage telehealth to drive gap closure in a variety of measures, including Behavioral Health measures. The adoption of telehealth for Behavioral Health care has significantly increased over the last 12 months and we anticipate this will continue in the future. The Pharmacy team has been exploring and developing creative initiatives to support medication adherence. One initiative involving our Pharmacy team is promoting use of long acting injectable medications. Through ongoing collection and analysis of data, the application of the PDSA model of continuous improvement is projected to drive ongoing quality improvement in the BH measures.
The MCP should work to address the citations received during the operational survey. The MCP should ensure that all protocols are followed in regard to utilization reviews. Training sessions or refresher courses should be given regarding the policy and procedures for processing standard appeals. The MCP should also re-train its vendor management staff to ensure all employees are following the standard operating procedures when dealing with delegates. <i>[Note: Recommendation to address citations received was a recommendation in the previous year's report.]</i>	<b>UM Protocol oversight response:</b> <ul style="list-style-type: none"> <li>• Ultimate authority within Excellus Health Plan is held by the Health Plan Committee of the Board which has delegated operational oversight to the Health Care Quality Oversight Committee (QOC). The Health Care Quality Monitoring Committee (HC-QMC), reporting into the QOC, has oversight and operating authority of all UM activities to the Utilization Management Committee (UMC), Medical Management Committee (MMC), and BH UM Sub-Committees/HARP &amp; MMC (BHUM), including the review and appropriate approval of medical necessity criteria and protocols, and utilization management policies and procedures.</li> <li>• The Vice President and Chief Medical Officer (VP/CMO) of UM provided leadership for the development, implementation, supervision, evaluation, and management of overall Excellus Health Plan Utilization Management programs and provided management oversight for UM activities and the Medical Directors who perform clinical reviews.</li> <li>• UM reports to the Health Plan Utilization Management Committee (UMC) which is responsible for providing input into the development, implementation, and monitoring of utilization management programs which are consistent and/or integrated across the company and multiple lines of business. It is also responsible for oversight of UM compliance with regulatory agencies.</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>The committee is chaired by the Vice President and Chief Medical Officer, Utilization Management and includes key representatives from Medical Services, Medical Affairs, Utilization Management, Provider Relations, Medical Policy, Training, Network Contracting &amp; Provider Affairs, and Pharmacy. The functions of this committee include communicating details of relevant UM issues, identifying opportunities for program development, and coordinating systematic approaches for utilization management across regions. The UM Committee reports up through the Health Care Quality Monitoring Committee (HC-QMC).</p> <ul style="list-style-type: none"> <li>• The Advocacy Team Leader is responsible and conducts Advocacy employee training sessions, as well as, any refresher trainings required with respect to new policy or procedure changes related to the processing of standard appeals.</li> <li>• The Advocacy Manager and Supervisor work closely with the Compliance Program Administrator to ensure implementation and monitoring have been successfully completed.</li> <li>• The Advocacy Quality Reviewer conducts monthly internal quality reviews and provides any necessary individual education and coaching to the Associates.</li> <li>• The Quality Office also conducts monthly audits to ensure compliance of all regulatory requirements.</li> </ul> <p><b>Vendor management staff response:</b></p> <ul style="list-style-type: none"> <li>• Vendor Management staff completes annual compliance training.</li> <li>• Vendor Delegation Oversight Policy and procedures are reviewed annually.</li> </ul>
<b>Access to/Timeliness of Care</b>	
<p>The MCP continues to struggle with several screening and diagnostic measures. With the rate for breast cancer screenings and chlamydia screenings in women consistently below the statewide average, the MCP should continuously evaluate current interventions to determine how effective these interventions are at targeting women's health needs. In addition to women's health needs, the MCP should continue to conduct measure-specific barrier analysis</p>	<p>The MCP continuously evaluates all HEDIS and QARR measure performance including effectiveness of ongoing and new initiatives. The data teams have dedicated analysts supporting end-to-end quality improvement efforts via the continuous quality improvement model, Plan-Do-Study-Act (PDSA), to evaluate data integrity and effectiveness of interventions. The multidisciplinary performance improvement teams collaborate to identify barriers to care and support implementation of initiatives considering gaps and opportunities informed by data analysis, with the goal of supporting the needs of member, provider, and community. For Women's Health measures,</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
to determine factors preventing members from seeking or receiving screening and diagnostic testing, such as cultural barriers that prevent members from seeking care, member education on when screenings are recommended, or lack of available appointment times, and develop targeted initiatives to address identified barriers.	the MCP collaborates with Health Home Providers to support gap closure, conducts targeted outreach via the Health Plan Case Management Team, leverages digital technology tools, partners with mobile clinics to address health disparities, and is piloting other initiatives to drive gap closure via member education and provider partnerships. Ongoing review of outcomes utilizing the PDSA cycle help drive further improvement on initiatives.

## Health Insurance Plan of Greater New York, Inc.

### Performance Improvement Project Findings

IPRO's validation of HIP's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*.

HIP aimed to address the topics of blood lead testing and follow-up, newborn hearing screening and follow-up, and developmental screening. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Member education campaign by creating a booklet for members containing information on requirements and recommendations for timely screening and follow-ups related to blood lead testing, newborn hearing and developmental delays.
- Communications for one year to members who recently delivered a baby as part of an Emblem Health Childhood Journey program to provide information regarding blood lead testing, newborn hearing screening, and screening for developmental delays in their newborn(s).
- Telehealth Application for members to access information regarding the requirements and recommendations for timely screenings and follow-ups related to blood lead testing, newborn hearing, and developmental delays.
- Call campaign outreach to members who have been identified with a BLL of  $\geq 5\text{mcg/dl}$  to help facilitate follow-up appointments and provide information/resources as needed.  
Call campaign outreach to members who did not pass newborn hearing screening by 1 month and need follow-up services for diagnostic audiological evaluation and early intervention.

#### Provider-Focused Interventions:

- Enhanced the provider education campaign by creating a series of reference guides for providers containing information on specific recommendations and guidelines for lead screening and follow-up, newborn hearing screening and follow-up, developmental screening and procedures for referring at-risk members to early intervention services.
- Worked with high-volume provider practice groups to encourage best practices for developmental screening and the use of appropriate CPT and ICD-10 codes.

#### MCP-Focused Interventions:

- Emblem Health worked in partnership with Advantage Care Physicians of New York (ACPNY), to improve the rate of lead screening through their point of care testing (POCT) program.
- Implemented the NICU Care Management Program to monitor the progress of newborns while they are confined to the NICU and 1 year after discharge.
- Partnered with a targeted sub group of providers to implement an intensive QI pilot initiative aimed to result in improved documentation and coding for screenings.



Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	64.13%	61.11%	68%
Blood lead test: Age 2 years	60.44%	60.80%	70%
Blood lead test: Age 1 and 2 years	44.95%	45.39%	50%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	22.73%	42.86%	50%
Confirmed venous BLL of $\geq 5$ mcg/dl	1.07%	0.94%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	21.21%	42.86%	100%
Confirmed venous BLL $\geq 10$ mcg/dl	0.20%	0.21%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	37.50%	100%	100%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	82.18%	88.11%	95%
Did not pass screening by 1 month of age	0.98%	1.56%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	52.38%	32.35%	100%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	18.18%	18.18%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	21.74%	8.33%	80%
Completed hearing screening before 3 months of age	65.80%	88.29%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	75.86%	90%	95%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	23.08%	11.76%	80%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	10.54%	14.99%	25%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	16.24%	16.73%	25%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	6.17%	8.49%	25%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	10.90%	13.42%	20%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0%	25%

N/A: data was not available at the time of report.

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that HIP met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	77 ▼	81 ▼	87	90
WCC—BMI Percentile	77 ▼	81 ▼	85	88
WCC—Counseling for Nutrition	75 ▼	79	85	84
WCC—Counseling for Physical Activity	66 ▼	71	80 ▲	76
Childhood Immunizations—Combo 3	68 ▼	70	70	74
Lead Screening in Children	85	85	85 ▼	89
Adolescent Immunizations—Combo 2	28 ▼	39	39 ▼	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	68	71	76	71
Adolescents—Depression <sup>1</sup>	61	69	73	68
Adolescents—Sexual Activity <sup>1</sup>	65	66	75 ▲	68
Adolescents—Tobacco Use <sup>1</sup>	70	74	80	75
Breast Cancer Screening	67 ▼	67 ▼	71	71
Colorectal Cancer Screening	60	63	64	64
Chlamydia Screening (Ages 16-24)	75	76	77	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	88 ▼	82 ▼	84 ▼	89
Spirometry Testing for COPD	50	51	50	52
Use of Imaging Studies for Low Back Pain	78	79	80	79
Pharmacotherapy Management for COPD—Bronchodilators	87	85	89	89
Pharmacotherapy Management for COPD—Corticosteroids	72	72	74	76
Medication Management for People with Asthma 50% (Ages 19-64)	66	73	67	69
Medication Management for People with Asthma 50% (Ages 5-18)	50 ▼	61	61	60
Asthma Medication Ratio (Ages 19-64)	58	73	54	57
Asthma Medication Ratio (Ages 5-18)	66	66	59 ▼	66
Persistence of Beta-Blocker Treatment After a Heart Attack	83	84	91	87
CDC—HbA1c Testing	91	91	91	93

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
CDC—HbA1c Control (<8%)	57	54 ▼	54 ▼	61
CDC—Eye Exam Performed	60 ▼	65	65	68
CDC—Nephropathy Monitor	93	93	93	93
CDC—BP Controlled (<140/90 mm Hg)	56 ▼	59 ▼	60 ▼	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	84	86		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	91 ▼	89 ▼		
Appropriate Treatment for URI	95	94	84 ▼	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	27 ▼	23 ▼	40 ▼	48
HIV Viral Load Suppression <sup>1</sup>	72	76	78	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	44		47	46
Advising Smokers to Quit <sup>2</sup>	80		91 ▲	79
Smoking Cessation Medications <sup>2</sup>	57		66	62
Smoking Cessation Strategies <sup>2</sup>	52		64	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	52	53	57	54
Antidepressant Medication Management—Effective Continuation Phase	38	39	38	38
Follow-Up Care for Children on ADHD Medication—Initiation	65 ▲	63	65	58
Follow-Up Care for Children on ADHD Medication—Continue	76	80	72	67
Follow-Up After Hospitalization for Mental Illness—30 Days	77	69 ▼	68 ▼	79
Follow-Up After Hospitalization for Mental Illness—7 Days	57	58 ▼	52 ▼	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	79	83	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	82	70	80	80
Antipsychotic Medications for Schizophrenia	67	69	69	64
Utilization				
Well-Child Visits—First 15 Months	66	77 ▼	67	69
Well-Child Visits—3 to 6 Year Olds	87 ▲	82 ▼	80 ▼	85
Adolescent Well-Care Visits	77 ▲	64 ▼	66 ▼	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	93% ▼	90 ▼	94 ▼	97
25 Months-6 Years	93% ▼	90 ▼	90 ▼	94
7-11 Years	96% ▼	96 ▼	95 ▼	97

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
12-19 Years	95%	95	94 ▼	95
<b>Adults' Access to Preventive/Ambulatory Services (AAP)</b>				
20-44 Years	83% ▲	82 ▲	82	82
45-64 Years	89%	89	89	89
65+ Years	88% ▼	89 ▼	89 ▼	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	70 ▼	88 ▼		
Postpartum Care	56 ▼	69 ▼	75 ▼	83
Annual Dental Visit <sup>4</sup>	55 ▼	61 ▼	56 ▼	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>NYC</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	8%	7%
Prenatal Care in the First Trimester	79%	79%	76%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	17%	-	14%	14%
Vaginal Birth After Cesarean	20%	-	13%	20%
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	9%	-	8%	7%
Prenatal Care in the First Trimester	75%	75%	81%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	17%	-	20%	13%
Vaginal Birth After Cesarean	11%	-	6%	14%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that HIP was fully compliant with all of the federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

### *Evaluation of MCP Compliance with NYS Operational Standards*

For the operational survey, HIP was in compliance with 13 of the 14 categories. The category in which HIP was not compliant was Organization and Management (1 citation). For the focused reviews, HIP was not issued any deficiencies in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	1	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	0	0
Utilization Review	0	0
<b>Total</b>	<b>1</b>	<b>0</b>

## Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	HIP	Statewide Average	HIP	Statewide Average	HIP	Statewide Average
Medicaid						
Advising Smokers to Quit	85	80	80	80	91 ▲	79
Coordination of Care <sup>1</sup>	80	80	76	81	74	81
Customer Service <sup>1</sup>	83	84	89	86	82	87
Flu Shots for Adults Ages 18-64	36	40	44	42	47	46
Getting Care Needed <sup>1</sup>	76	79	75	79	77	81
Getting Care Quickly <sup>1</sup>	75 ▼	80	76	78	79	81
Getting Needed Counseling/Treatment	69	74	66	69	71	71
Rating of Counseling/Treatment	57	64	58	60	63	62
Rating of Healthcare	70	75	72	77	75	75
Rating of Health Plan	69 ▼	76	67 ▼	76	73	76
Rating of Health Plan—High Users	62 ▼	77	70 ▼	80	70	77
Recommend Plan to Family/Friends	89 ▼	93	89	92	90	91
Satisfaction with Personal Doctor <sup>1</sup>	79	80	78	81	85	81
Satisfaction with Provider Communication <sup>1</sup>	91	91	90	91	90	92
Satisfaction with Specialist	74	80	76	80	80	82
Shared Decision Making <sup>1</sup>	83	79	82	80	80	80
Wellness Discussion	72	68	74	72	81 ▲	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP had rates above the SWA in 2019 for the WCC—Counseling for Physical Activity and Adolescents—Sexual Activity measures.  
In 2019, HIP had a rate significantly better than the SWA for the *Advising Smokers to Quit* Adult CAHPS® measure.

### Opportunities for Improvement:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP had rates significantly worse than the SWA for the *Lead Screening in Children*, and *Adolescent Immunizations—Combo 2* measures.

- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP continues to demonstrate opportunities for improvement. The MCP's rate for *Appropriate Testing for Children with Pharyngitis*, *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, and *Avoidance of Antibiotics for Adults with Acute Bronchitis* measures have been reported below the statewide average for at least three consecutive years. Additionally, rates for *Asthma Medication Ratio (Ages 5-18)* and *Appropriate Treatment for URI* measures were reported significantly worse than the SWA in 2019.
- HIP continues to demonstrate an opportunity for improvement in the following behavioral health measures; *Follow-Up After Hospitalization for Mental Illness—30 Days* and *Follow-Up After Hospitalization for Mental Illness—7 Days*.
- HIP continues to demonstrate an opportunity for improvement in regard to the Access/Timeliness Indicators. The MCP's rates have been reported significantly worse than the SWA for at least three consecutive years for the following measures: *Children and Adolescents' Access to Primary Care Practitioners (12-24 Months, 25 Months-6 Years & 7-11 Years)*, *Adults' Access to Preventive/Ambulatory Health Services (65+ Years)*, *Postpartum Care*, and *Annual Dental Visit*. The MCP also had rates significantly worse than the SWA in 2019 for the *Children and Adolescents' Access to Primary Care Practitioners (12-19 Years)*, *Well-Child Visits—3 to 6 Year Olds*, and *Adolescent Well-Care Visits* measures.
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 1 citation from the operational review surveys related to Organization and Management.

#### **Recommendations:**

- The MCP demonstrates an opportunity to improve the access to quality care for children and adolescents. The MCP had HEDIS®/QARR performance rates significantly worse than the SWA for measures that affect children and adolescents in the following domains: Prevention and Screenings, Acute and Chronic Care, Utilization and Access to Care. Although the MCP has developed a robust quality strategy to address the needs of this membership the performance rates have not improved. The MCP should consider conducting routine root cause-barrier analysis to identify if the current interventions are effective. The MCP should also continue to analyze member satisfaction surveys in an effort to identify additional barriers to care.
- The MCP continues to perform significantly worse than the SWA for measures in the HEDIS®/QARR Acute and Chronic Care domain regarding diabetes care, appropriate treatment for upper respiratory infections and acute bronchitis. The MCP should consider the use of pharmacists to assist with member education on medications most commonly used to treat diabetes and respiratory infections. The MCP should consider analyzing the number of appointments the members attended that were made through the case management department to identify if this intervention is successful for members with chronic conditions.
- The MCP continues to demonstrate an opportunity to improve behavioral health rates for the *Follow-Up After Hospitalization for Mental Illness-30 Days* and *Follow-Up After Hospitalization for Mental Illness-7 Days* measures. Although the MCP identified many barriers to care and have implemented interventions such as educating hospitals on best practices, improving the exchange of

data, and case management services, there were other identified barriers not addressed. The MCP should consider implementing interventions that target the social determinants of health that impact mental health care such as socioeconomic status, neighborhood and physical environments and lack of support systems.

- The MCP should continue to investigate reasons behind its continued poor performance in regard to measures related to access to preventative/ambulatory services for members aged 65 and older, postpartum care and annual dental visits. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from seeking or receiving timely care, such as provider network adequacy or available appointment times. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. [Repeat recommendation.]

### Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
Although the MCP has shown improvements in the screening measures for the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP continues to perform below average for some measures. The MCP should continue with its current strategy to improve performance in HEDIS®/QARR measures. The MCP should provide continuous training on the organization's HEDIS®/QARR goals to all staff members, vendors and providers who engage members.	<p>EmblemHealth uses targeted processes and methodology for conducting and evaluating quality improvement activities that includes baseline measurement, root cause-barrier analysis, development and implementation of appropriate interventions, and re-measurement utilizing valid statistical analyses to determine the impact of interventions EmblemHealth continues to monitor HEDIS®/QARR rates monthly to identify lower-than-anticipated performance against the goals, and implements interventions as needed. Performance, goals and indicators are monitored through the quality committee structure and senior leadership steering committees. HEDIS®/QARR reports are available to staff involved in specific performance improvement activities as well as those staff who oversee departments whose work impacts HEDIS®/QARR measures. EmblemHealth continues its efforts to engage more members, providers and employees in the quality process.</p> <p>EmblemHealth continues to work on improvements in its preventive care measures through a multifaceted intervention strategy. Key interventions include primary care provider (PCP) incentive, partnering with provider groups, member and provider educational mailings and calls, collaboration with internal stakeholders, data exchange with</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps																																							
	<p>providers and vendors, improvements in data capture and incorporation of supplemental data.</p> <p>EmblemHealth continued its PCP incentive program that included child and adolescent well visits and immunizations, breast, colorectal and cervical cancer screening. and chlamydia screenings. Preventive screening articles were incorporated into member and provider eNewsletters as well as monthly highlights on EmblemHealth’s website and blog. EmblemHealth’s Quality Provider Engagement team continued to work with contracted provider groups to review performance rates and implement provider focused interventions. Additionally, Quality Health Navigators called applicable Medicaid members to discuss colorectal cancer screening and breast cancer screening. EmblemHealth’s quality team continues to collaborate with internal stakeholders to improve performance rates and continually reviews and analyzes data to implement additional improvements as needed.</p> <p>The Plan continues to improve many of its preventive care rates year over year through continually reviewing and analyzing data to implement additional improvements.</p> <table><tr><th>Measure / Population</th><th>CY 2018</th><th>CY 2019</th></tr><tr><td colspan="3"><b>Breast Cancer Screening</b></td></tr><tr><td>Medicaid</td><td>67.49%</td><td>71.45%</td></tr><tr><td>Commercial</td><td>72.15%</td><td>75.95%</td></tr><tr><td colspan="3"><b>Cervical Cancer Screening</b></td></tr><tr><td>Medicaid</td><td>72.13%</td><td>72.99%</td></tr><tr><td>Commercial</td><td>78.15%</td><td>81.27%</td></tr><tr><td colspan="3"><b>Chlamydia Screening</b></td></tr><tr><td>Medicaid</td><td>75.68%</td><td>77.01%</td></tr><tr><td>Commercial</td><td>74.83%</td><td>75.90%</td></tr><tr><td colspan="3"><b>Childhood Immunization Status (Combo 3)</b></td></tr><tr><td>Medicaid</td><td>69.83%</td><td>70.32%</td></tr><tr><td>Commercial</td><td>71.53%</td><td>71.78%</td></tr></table>	Measure / Population	CY 2018	CY 2019	<b>Breast Cancer Screening</b>			Medicaid	67.49%	71.45%	Commercial	72.15%	75.95%	<b>Cervical Cancer Screening</b>			Medicaid	72.13%	72.99%	Commercial	78.15%	81.27%	<b>Chlamydia Screening</b>			Medicaid	75.68%	77.01%	Commercial	74.83%	75.90%	<b>Childhood Immunization Status (Combo 3)</b>			Medicaid	69.83%	70.32%	Commercial	71.53%	71.78%
Measure / Population	CY 2018	CY 2019																																						
<b>Breast Cancer Screening</b>																																								
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Commercial	72.15%	75.95%																																						
<b>Cervical Cancer Screening</b>																																								
Medicaid	72.13%	72.99%																																						
Commercial	78.15%	81.27%																																						
<b>Chlamydia Screening</b>																																								
Medicaid	75.68%	77.01%																																						
Commercial	74.83%	75.90%																																						
<b>Childhood Immunization Status (Combo 3)</b>																																								
Medicaid	69.83%	70.32%																																						
Commercial	71.53%	71.78%																																						
The MCP continues to perform below average for measures in the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain regarding diabetes care and monitoring of	EmblemHealth uses targeted processes and methodology for conducting and evaluating quality improvement activities that includes baseline measurement, root cause-barrier analysis,																																							

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>patients with persistent medications. The MCP should consider providing member education on diabetes management during the in-home diabetic testing appointments. The use of evidence based self-management programs can also be beneficial to the Medicaid population. In regards to the annual monitoring of patients with persistent medications, the MCP should continue with its efforts to engage providers within ACPNY and Cityblock IPA. The MCP should also include smaller provider practices that have a high volume of Medicaid members with the outreach efforts made by the EmblemHealth Quality Provider Engagement team.</p>	<p>development and implementation of appropriate interventions, and re-measurement utilizing valid statistical analyses to determine the impact of interventions. EmblemHealth continues to monitor HEDIS®/QARR rates monthly to identify lower-than-anticipated performance against the goals and implements interventions as needed. Performance, goals and indicators are monitored through the quality committee structure and senior leadership steering committees. Efforts continue to make HEDIS®/QARR reports available to staff involved in specific performance improvement activities as well as those staff who oversee departments whose work impacts HEDIS®/QARR measures. EmblemHealth continues its efforts to engage more members, providers and employees in the quality process.</p> <p>In-home testing was in place until 2020 when the pandemic hit, and all in-home testing stopped. Interventions that continued included the following. Quality Health Navigators call Medicaid members diagnosed with diabetes to discuss diabetes screenings, to help members make appointments with their primary care providers (PCP) and/or eye care specialists. EmblemHealth Neighborhood Care locations provide diabetes prevention and diabetes management programming to help diabetic members learn and create healthy behaviors. Members are also educated regarding diabetes via member newsletters, blog posts and on EmblemHealth's website. Case management and complex case management provided by EmblemHealth, Cityblock Health and other contracted delegates address member specific needs including diabetes. Care is coordinated within case management for members diagnosed with diabetes by arranging appointments with ophthalmologist and optometrist and ensuring reports are sent to the PCP following the visit. Members are educated on telehealth options to address medical concerns regarding diabetes. Although the HEDIS measure monitoring patients with chronic medications is retired, complex case management addresses members diagnosed with chronic needs and multiple medications.</p> <p>Information is exchanged with ACPNY, including</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>smaller provider groups with many Medicaid members whereby physicians are given gaps in care specific to each member. The provider groups return electronic data to the Plan when the member has received care. EmblemHealth's provider incentive program includes diabetic measures.</p>
<p>The MCP should conduct a root cause analysis to identify the cause for the decrease in rates for the <i>Follow-Up After Hospitalization for Mental Illness-30 Days</i> and <i>Follow-Up After Hospitalization for Mental Illness-7 Days</i> measures. The MCP should consider developing communications educating mental health professionals within the Medicaid network.</p>	<p>EmblemHealth recognizes the importance of members receiving appropriate follow-up care after being hospitalized for mental illness. EmblemHealth works closely with Beacon Health Options and University Behavioral Associates (UBA) to improve outpatient follow-up care after a mental health inpatient admission and to identify barriers to treatment. A root cause-barrier analysis was conducted, and member, provider and plan barriers were identified.</p> <p>Barriers to members receiving timely follow-up care that were identified during the root cause analysis included but were not limited to:</p> <ul style="list-style-type: none"> <li>• Members are not compliant with follow-up appointments either because they think it is not necessary for them to be seen 7 days post discharge or they often report they feel better and have enough medication on hand.</li> <li>• Inadequate or inconsistent discharge planning by inpatient facilities, including not verifying the member's contact information is up to date and correct. Additionally, there is difficulty contacting members that were referred to shelters and have no phone number or collateral contacts. Shelters will not provide any information without consent.</li> <li>• Members have expressed their concrete needs such as housing, money, transportation are at times more important than receiving appropriate follow-up care after an inpatient admission for a psychiatric condition.</li> <li>• At times discharge planners schedule appointments too close to the 7<sup>th</sup> day post discharge, therefore if patients are unable to keep that appointment there is not much time available regarding rescheduling the appointment within 7 days post discharge. Members have reported that the inpatient social worker did not consult with them to confirm that the</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>appointment date and time was convenient for them.</p> <ul style="list-style-type: none"> <li>• Members may lack the transportation to get to their follow-up appointments.</li> <li>• At times, data delays, inconsistencies, and leakages serve as barriers. Accurate and timely record of admission and discharge from an inpatient hospitalization and accurate record of a member keeping the follow-up appointments.</li> </ul> <p>To address the barriers identified, EmblemHealth is educating hospitals on the best practices for continuity of care, such as scheduling follow-up appointments within 5 days of discharge, providing the member with clear discharge instructions using teach-back methods, a warm hand off with a Health Home or provider prior to discharge, including family or friend support in the discharge, and securing accurate member contact information. In addition to reviewing best practices, performance data and actions to improve performance is discussed and tip sheets regarding the Follow-up After Hospitalization 7-day and 30-day measures are provided. During the COVID pandemic, outreach to providers and facilities were conducted telephonically or video conference.</p> <p>EmblemHealth works with Health Homes and Care Management Agencies by exchanging data and educating care coordinators on how to help facilitate follow-up visits. EmblemHealth is providing additional data to Health Homes by alerting them when members are in the hospital, so the members can be outreached before discharge. Beacon Health Options continues to outreach members to schedule and remind members of follow-up appointments. They also have increased pre-discharge contact by calling the unit and speaking to providers and members, as well as in person visits to members by field-based case managers and peers for aftercare transitions.</p> <p>Members discharged from an inpatient psychiatric hospitalization will be case managed for 90 days by UBA's Internal Care Management Program. During the COVID pandemic, post discharge appointments were via telehealth.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>EmblemHealth and its partners, continued to utilize home-based providers for home follow-up visits in a faster time frame than traditional providers and clinics can accommodate. However, during the COVID pandemic home-based visits could not be conducted. EmblemHealth continues to address capture of complete data, including conducting quarterly data reconciliation with Beacon and UBA, monthly data exchange of member level Gaps in Care reports to all partnered Health Homes/Care Management Agencies and a targeted search for primary source documents including use of PSYCKES.</p>
<b>Access to/Timeliness of Care</b>	
<p>The MCP should consider creating a process that identifies providers who did not meet the necessary access and availability requirements for non-urgent appointments. The MCP should consider including education on the appointment availability requirements with the outreach efforts made by the EmblemHealth Quality Provider Engagement team. Appointments should be scheduled within forty-eight (48) to seventy-two (72) hours of request, as clinically indicated. The MCP should also consider including reminders in existing provider newsletters the importance of appointment timeframes.</p>	<p>EmblemHealth conducts Appointment Availability and After-Hours Access Surveys to ensure members have appropriate access to care during and after office hours and that all contracted providers adhere to the Plan's Access, Availability and After-Hours Coverage standards. Practitioners are monitored via telephone surveys conducted by a contracted vendor. Practitioners not meeting the access and availability standards and deemed non-compliant are contacted by Provider Network Management staff reminding providers of their contractual obligation to adhere to Appointment Availability and After-Hours Access standards. EmblemHealth Provider Network Management staff will request the practitioner sign and return to EmblemHealth an attestation acknowledging they have been educated and will abide by the standards. Non-compliant practitioners are re-surveyed during the next survey. If upon re-survey, practitioners that continue to be non-compliant with access standards are referred to the Credentialing/Re-credentialing Committee for further review and action which may include panel/practice closure or termination.</p> <p>EmblemHealth also reinforces compliance with its entire network throughout the year in a variety of ways. These include but are not limited to inclusion of Access, Availability and After-Hours Coverage Standards in an annual mailing to the entire network and posting the standards, on EmblemHealth's website in the Provider Toolkit. The Access, Availability and After-Hours Coverage Standards provide information regarding what constitutes</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>passing or failing. Providers are encouraged to conduct their own “secret shopper” audits to ensure compliance with the standards. Providers are also reminded several times throughout the year via the Provider eNewsletter to review the Access, Availability and After-Hours Coverage Standards, to update their demographic data including the number used to make appointments and setting up after-hours coverage. The eNewsletters also include a link to the complete set of standards in the online Provider Toolkit.</p> <p>The Quality Provider Engagement team engages with providers and shares EmblemHealth’s Improving the Patient Experience brochure which includes information and tips to enhance patient interactions as well as a reminder regarding access and availability standards and a link to the standards on EmblemHealth’s website. Additionally, the Quality Provider Engagement team discusses barriers and best practices regarding access as it relates to quality measures such as well-visits and screenings.</p>
<p>The MCP should continue to work to improve its rates for the HEDIS®/QARR Access to Care measures for children and adolescents as all measures performed below average in 2018. The MCP should consider developing a comprehensive intervention strategy aimed at improving access to primary care as well as preventive care for this population. <i>[Repeat recommendation.]</i></p>	<p>EmblemHealth continues to work on improvements in its preventive care and access to care measures for children and adolescents that continue to perform below average. Key interventions include but are not limited to a member incentive program encouraging parents/guardians to take their child(ren) for their annual well-visit and dental care, a primary care provider incentive program for achieving targeted well-child and preventive care benchmark rates, partnering with provider groups and sharing educational tip sheets/guides as well as monthly gaps in care reports, and newsletter articles and blog posts.</p> <p>EmblemHealth expanded its strategy to improve its rates for the HEDIS®/QARR Access to Care measures for children and adolescents to include telephone calls from Care Coordinators to parent(s)/guardian(s) of children who need annual dental visits and/or well child visits. The Care Coordinators engage parent(s)/guardian(s) directly, to educate them and to encourage the receipt of recommended services. The Care Coordinators also assist the parent(s)/guardian(s) in making appointments</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>whether in person or telehealth</p> <p>A letter and educational booklet was mailed to parent(s)/guardian(s) of Medicaid members between the ages of 0 and 3 in their preferred language to educate members on the requirements and recommendations for timely screenings including follow-up for lead, newborn hearing, and developmental milestones. The guide is to help the parent(s)/guardian(s) understand the problems that can develop from lead poisoning, newborn hearing loss and developmental issues, provides a timeline for when a child should be tested, what tests will be done, and what to do if the child is at risk for any of the problems. It also provides parent(s)/guardian(s) an area to track dates and results of these tests as well as the child's preventive health care visits.</p> <p>Medicaid pediatric providers received a letter and EmblemHealth's early screening pocket reference guide, The First 1,000 Days, designed to provide information on early identification, prevention, diagnosis, treatment and follow-up care for the three high-risk areas. The letter encouraged providers to use the reference guide as a tool for timely screening and follow-up with their pediatric patients with current gaps in care. Providers were also notified of the reference guide in newsletters. Both booklets are available on EmblemHealth's website.</p> <p>Additionally, EmblemHealth re-introduced its pregnancy program as Healthy Futures which now includes a childhood immunization journey that consists of 12 monthly, age-appropriate communications to parents/guardians of members aged 0 to 12 months on topics relating to childhood immunizations, such as vaccine safety, how vaccines work, well visits, and flu shots. Other topics of interest to parents of young children are also addressed including safety devices for the home, lead testing, and when to start feeding solid foods. The second phase of the childhood journey will be sent to parents/guardians of members aged 13 – 36 months. Communication topics will include but are not limited to well-visits, vaccines, the power of play, toddler safety tips, healthy eating, and sun safety.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>EmblemHealth encourages members to contact member services to assist with access to provider practices and/or Advantage Care Physicians of New York (ACPNY) locations in their areas that also have extended hours to accommodate their busy schedules, and to potentially alleviate the barrier to scheduling conflicts. EmblemHealth conducts annual studies on network adequacy, appointment availability and 24-hour access. An analysis of member satisfaction surveys showed that member dissatisfaction seems to flow from members' inability to secure access to services due to provider access and availability. Providers who were found non-compliant with appointment availability and after-hours access were outreached and educated. EmblemHealth reminds providers of the access and availability standards via its annual provider notification and throughout the year via newsletters.</p>



### Performance Improvement Project Findings

IPRO's validation of Healthfirst's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

Healthfirst aimed to improve the quality of life among its 0-3 year old Medicaid and CHP population through the early identification and management of members at-risk for lead exposure, hearing loss, and developmental delay. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Conducted calls to parents/guardians with a missed visit to reinforce the importance of preventive care and encourage them to re(schedule) a well-child visit appointment.
- Outreached to parents/guardians via a letter, email, or automated blast call to promote the need for timely well-child visits and lead screening tests in maintaining their child's health.
- Posted educational information and resources on member website and/or addressed in the e-newsletter annually.
- Outreached to parents/guardians to reinforce the importance of completing a newborn hearing screening or a diagnostic evaluation, facilitating scheduling an appointment and arranging transportation.
- Mailed reminder letter to parents/guardians reinforcing the importance of completing newborn hearing screening before the age of 1 month old and diagnostic audiological evaluation before 3 months old.

#### Provider-Focused Interventions:

- Outreached via provider mailing/email to PCPs of members who missed the required well-child visit and/or a lead screening test.
- Mailed reminder letter or email sent to PCPs to comply with lead screening requirements noted in NYS Public Health law with a list of their members missing a screening test and information on best coding practices.
- Posted lead screening guidelines, best practices, and member educational materials/resources on the provider website and/or e-newsletter.
- Outreached via provider mailing/email to PCPs of members who missed the required newborn hearing screening and follow-up.
- Distributed a provider toolkit including materials and resources on the Early Intervention Program (EIP), the NYC DOHMH's guidelines on the identification and referral of children with developmental delays or disabilities to the EIP, and developmental/autism screening tools.

#### MCP-Focused Interventions:

- Produced monthly outreach report based on administrative data is triggered when members miss the required well-child visit and/or lead screening test.

- Clinical Quality team executed an outreach campaign included live calls, mailings, emails, and automated blast calls.
- Created a registry by clinical quality of members identified by the Early Hearing Detection and Intervention data provided in the NYSDOH's member-level-file.
- Explored collaborative opportunities with a pediatric provider through the Care for Children Advisory Early Childhood action group in a socio-economically diverse community who is interested in testing out PIP initiatives that will aim to standardize developmental screening into their practices.
- Partnered with the Bureau of Early Intervention at the NYC DOHMH, the Icahn School of Medicine at Mount Sinai, and the New York State American Academy of Pediatrics - Chapter 3 to facilitate on-site and zoom trainings to our targeted provider group (Family Health Centers-NYU Langone) and community pediatric practices that focused on best practices for developmental screening.
- Conducted a semi-annual medical record review of members 0-3 years old assigned to the targeted provider group who had 30 claims submitted for developmental screening and/or 30 claims submitted for autism screening.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	45%	47.3%	50%
Blood lead test: Age 2 years	42%	44.4%	47%
Blood lead test: Age 1 and 2 years	32%	34%	37%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	38%	42.2%	43%
Confirmed venous BLL of $\geq 5$ mcg/dl	0.4%	0.3%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	38%	42.2%	80%
Confirmed venous BLL $\geq 10$ mcg/dl	0.1%	0.1%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	26%	29.4%	80%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	90%	88%	93%
Did not pass screening by 1 month of age	1%	2.4%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	22%	30.8%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	32%	16.6%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	47%	25%	80%
Completed hearing screening before 3 months of age	92%	90%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	32%	32.5%	80%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	29%	19.7%	80%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	10%	13%	13%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	17%	19.7%	20%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	11%	12.8%	14%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	13%	15.2%	16%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0.03%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	3%

N/A: Data was not available at the time of report

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that Healthfirst met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	84	92	92	90
WCC—BMI Percentile	79 ▼	84	87	88
WCC—Counseling for Nutrition	81	82	82	84
WCC—Counseling for Physical Activity	69	73	77	76
Childhood Immunizations—Combo 3	80 ▲	79 ▲	79 ▲	74
Lead Screening in Children	90	92 ▲	92 ▲	89
Adolescent Immunizations—Combo 2	51 ▲	54 ▲	56 ▲	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	63	68	68	71
Adolescents—Depression <sup>1</sup>	54	68	68	68
Adolescents—Sexual Activity <sup>1</sup>	63	67	67	68
Adolescents—Tobacco Use <sup>1</sup>	64	69	69	75
Breast Cancer Screening	77 ▲	76 ▲	77 ▲	71
Colorectal Cancer Screening	69 ▲	73 ▲	73 ▲	64

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Chlamydia Screening (Ages 16-24)	81 ▲	82 ▲	83 ▲	76
Effectiveness of Care: Acute and Chronic Care				
Testing for Children with Pharyngitis	86 ▼	88 ▼	85 ▼	89
Spirometry Testing for COPD	65 ▲	68 ▲	54	52
Use of Imaging Studies for Low Back Pain	81 ▲	82 ▲	83 ▲	79
Pharmacotherapy Management for COPD—Bronchodilators	89	90	90	89
Pharmacotherapy Management for COPD—Corticosteroids	68 ▼	71 ▼	73	76
Medication Management for People with Asthma 50% (Ages 19-64)	70	71	70	69
Medication Management for People with Asthma 50% (Ages 5-18)	59 ▲	59	60	60
Asthma Medication Ratio (Ages 19-64)	51 ▼	62 ▲	61 ▲	57
Asthma Medication Ratio (Ages 5-18)	54 ▼	67 ▼	66	66
Persistence of Beta-Blocker Treatment After a Heart Attack	84	79	85	87
CDC—HbA1c Testing	93	95 ▲	95	93
CDC—HbA1c Control (<8%)	59	64	64	61
CDC—Eye Exam Performed	70	72 ▲	73 ▲	68
CDC—Nephropathy Monitor	92	94	94	93
CDC—BP Controlled (<140/90 mm Hg)	61	64	64	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	82	84		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	92	92		
Appropriate Treatment for URI	95	95	89	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	38 ▲	40 ▲	55 ▲	48
HIV Viral Load Suppression <sup>1</sup>	78	77	78	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	48		47	46
Advising Smokers to Quit <sup>2</sup>	77		SS	79
Smoking Cessation Medications <sup>2</sup>	50		SS	62
Smoking Cessation Strategies <sup>2</sup>	38		SS	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	53	54	52 ▼	54
Antidepressant Medication Management—Effective Continuation Phase	38	37	35 ▼	38
Follow-Up Care for Children on ADHD Medication—Initiation	66 ▲	67 ▲	63 ▲	58
Follow-Up Care for Children on ADHD Medication—Continue	78 ▲	74 ▲	80 ▲	67
Follow-Up After Hospitalization for Mental	85 ▲	73	83 ▲	79

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Illness—30 Days				
Follow-Up After Hospitalization for Mental Illness—7 Days	74 ▲	62	70 ▲	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	85 ▲	86 ▲	85 ▲	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	84	82	83	80
Antipsychotic Medications for Schizophrenia	61	63	63	64
Utilization				
Well-Child Visits—First 15 Months	71 ▲	84 ▲	74 ▲	69
Well-Child Visits—3 to 6 Year Olds	89 ▲	89 ▲	90 ▲	85
Adolescent Well-Care Visits	73 ▲	72 ▲	74 ▲	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	93% ▼	96 ▲	97	97
25 Months-6 Years	94%	94	94	94
7-11 Years	97%	97	97	97
12-19 Years	95%	95	95	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	84% ▲	84 ▲	84 ▲	82
45-64 Years	92% ▲	91 ▲	91 ▲	89
65+ Years	93% ▲	93 ▲	93 ▲	92
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	90%	91		
Postpartum Care	75%	71	88 ▲	83
Annual Dental Visit <sup>4</sup>	58% ▼	59 ▼	61 ▼	62

Note: Rows shaded in grey indicate that the measure is not required to be reported.

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder; SS: Sample size too small to report

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 SWA
QARR Prenatal Care Rates				
NYC				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	7%	7%
Prenatal Care in the First Trimester	74% ▼	74% ▼	73%	74%

Measure	Medicaid/CHP			
	2016	2017	2018	2018 SWA
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	14%	-	14%	14%
Vaginal Birth After Cesarean	15% ▼	-	18%	20%
ROS				
Risk-Adjusted Low Birth Weight <sup>1</sup>	8%	-	7%	7%
Prenatal Care in the First Trimester	78%	78%	73%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	11%	-	15%	13%
Vaginal Birth After Cesarean	12%	-	7%	14%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that Healthfirst was fully compliant with ten of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	D=7, C=8
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on staff interview and record review of the Commercial/CHP standard utilization review appeals, the Healthfirst and its delegate, Dentaquest, failed to send the member a written acknowledgment letter after filing for an appeal. This was evident in four out of 10 Commercial standard appeal cases reviewed.
- Based on staff interview and record review, Healthfirst failed to ensure that acknowledgement notices for Medicaid complaints were sent to the members timely. This was evident for three of 22 cases reviewed. Healthfirst staff stated that they had staffing and computer systems issues.
- Based on staff interview and record review, the Plan failed to ensure that Medicaid Complaints resolution notices were sent to the members timely, according to regulatory guidance. This was

evident for three of 22 cases reviewed. Healthfirst staff stated they had staffing and computer system issues.

- Based on staff interview and record review, Healthfirst failed to ensure that a Dentaquest Commercial complaint appeal resolution notice was sent timely, in accordance with the regulatory guidance. Specifically, on July 27, 2018 a complaint appeal was filed with the plan. The “Child Healthplus Appeal of Complaint Resolution Notice” was dated November 7, 2018. This was evident for 1 of 2 cases reviewed. Healthfirst staff stated they had staffing and computer system issues.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst failed to provide adequate oversight of delegated management functions (utilization review), by allowing an unregistered utilization review agent, Prest and Associates, to perform utilization review on behalf of Healthfirst.
- Based on staff interview and record review of the final adverse determination notice, Healthfirst and its delegate, Orthonet, did not provide phone notice to the member and the provider, that additional information was needed to make a determination. This was evident in three out of 11 Medicaid expedited appeal cases reviewed.
- Based on staff interview and record review of the Medicaid expedited appeals, the Healthfirst did not issue the final adverse determination notice within 24 hours of the determination to the member. This was evident in three out of 11 Medicaid expedited appeal cases reviewed.
- Based on record review and staff interview, the Healthfirst failed to ensure that a written acknowledgement notice was sent to a member. Specifically, on July 27, 2018 a complaint was filed with the Healthfirst. There was no evidence of an acknowledgement notice provided. This was evident for one of two Dentaquest commercial complaint appeal cases reviewed.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst delegated the utilization review activities for behavioral health benefits to an organization identified as Prest and Associates. This organization was not a registered utilization review agent approved by the Department of Health at the time of the determination.
- Based on staff interview and review of concurrent initial adverse determination documents, Healthfirst delegated a management function (utilization review), to Prest and Associates without submitting a management services contract to the Department of Health for prior approval.
- Based on staff interview and record review, the Healthfirst failed to ensure that commercial grievance resolution notices for denial of non-covered benefits were sent to the members timely, in accordance with the regulatory guidance. This was evident for 5 out of 35 cases reviewed

#### ***Evaluation of MCP Compliance with NYS Operational Standards***

For the operational survey, Healthfirst was in compliance with 11 of the 14 categories. The categories in which Healthfirst was not compliant were Complaints and Grievances (6 citations), Organization and Management (5 citations), and Utilization Review (3 citations). Healthfirst was not issued any focused review deficiencies in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	6	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	5	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	0	0
Utilization Review	3	0
<b>Total</b>	<b>14</b>	<b>0</b>

### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	HealthFirst	Statewide Average	HealthFirst	Statewide Average	HealthFirst	Statewide Average
Medicaid						
Advising Smokers to Quit	76	80	77	80	SS	79
Coordination of Care <sup>1</sup>	78	80	80	81	81	81
Customer Service <sup>1</sup>	80	84	84	86	84	87
Flu Shots for Adults Ages 18-64	44	40	48	42	47	46
Getting Care Needed <sup>1</sup>	77	79	73 ▼	79	84	81
Getting Care Quickly <sup>1</sup>	78	80	75	78	73 ▼	81
Getting Needed Counseling/Treatment	63	74	62	69	SS	71
Rating of Counseling/Treatment	57	64	60	60	SS	62
Rating of Healthcare	77	75	75	77	77	75
Rating of Health Plan	79	76	79	76	79	76
Rating of Health Plan—High Users	80	77	81	80	82	77
Recommend Plan to Family/Friends	94	93	95 ▲	92	94	91
Satisfaction with Personal Doctor <sup>1</sup>	80	80	79	81	75 ▼	81
Satisfaction with	89	91	90	91	91	92



Measure	2015		2017		2019	
	HealthFirst	Statewide Average	HealthFirst	Statewide Average	HealthFirst	Statewide Average
Medicaid						
Provider Communication <sup>1</sup>						
Satisfaction with Specialist	79	80	78	80	77	82
Shared Decision Making <sup>1</sup>	80	79	76	80	78	80
Wellness Discussion	65	68	72	72	70	75

SS: Sample size too small to report.

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, Healthfirst had rates significantly better than the SWA for three consecutive years for the *Childhood Immunizations—Combo 3*, *Adolescent Immunizations—Combo 2*, *Breast Cancer Screening*, *Colorectal Cancer Screening* and *Chlamydia Screening (Ages 16-24)* measures. The MCP also had rates significantly better than the SWA in 2019 for the *Lead Screening in Children* measure.
  - Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rates for *Use of Imaging Studies for Low Back Pain* and *Avoidance of Antibiotics for Adults with Acute Bronchitis* measures were significantly better than the SWA for three consecutive years. In 2019, the MCP also had rates significantly better than the SWA for the *Asthma Medication Ratio (Ages 19-64)* and *CDC—Eye Exam Performed* measures.
  - Healthfirst's performance rates for behavioral health services has continued to trend upwards with the following measures having a rate significantly better than the SWA: *Follow-Up Care for Children on ADHD Medication—Initiation and Continue*, *Follow-Up After Hospitalization for Mental Illness—7 Days and 30 Days*, and *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds*.
  - In regard to the Access/Timeliness Indicators, the MCP's rates for HEDIS®/QARR *Well-Child Visits in the First 15 Months of Life*, *Well-Child Visits—3 to 6 Year Olds*, *Adolescent Well-Care Visits*, and *Adults' Access to Preventive/Ambulatory Services (20-44 Years, 45-64 Years, & 65 + Years)* had reported rates significantly better than the SWA for three consecutive years. In 2019, the rate for *Postpartum Care* was significantly better than the SWA.
- In 2019, Healthfirst had a rate significantly better than the SWA for the *Recommend Plan to Family/Friends Adult CAHPS®* measure.

### Opportunities for Improvement:

- In the HEDIS®/QARR Acute and Chronic Care domain, the MCPs rate for *Appropriate Testing for Children with Pharyngitis* was reported below the SWA for at least three consecutive years.

- In regard to the HEDIS®/QARR Behavioral Health measure, Healthfirst had reported rates significantly worse than the SWA for the *Antidepressant Medication Management—Effective Acute Phase* and *Antidepressant Medication Management—Effective Continuation Phase* measures.
- The MCP continues to demonstrate an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 14 citations from the operational review surveys related to Complaints and Grievance, Organization and Management, and Utilization Review.

There is an opportunity for improvement in the MCP's Adult CAHPS® survey results. The *Getting Care Quickly* and *Satisfaction with Personal Doctor* measures had reported rates significantly worse than the SWA in 2019.

#### **Recommendations:**

- Healthfirst should continue its efforts to address low performing HEDIS®/QARR measures. The MCP should consider conducting root cause analysis to identify barriers to members accessing quality care and effectively managing their antidepressant medications. The MCP should consider the use of pharmacists to assist with educating members on medication management. Additionally, with Healthfirst's Adult CAHPS® measures *getting care quickly* and *rating of personal doctor* having rates significantly worse than the SWA, the MCP should consider conducting member satisfaction surveys in an effort to identify additional barriers to care.
- The MCP should work to address the citations received during the 2019 operational survey. The MCP should ensure that protocols are followed by all delegates. The MCP should also consider routine staff training sessions or refresher courses regarding the timeframes for processing grievances and appeals.

### **Assessment of MCP Follow-up on Prior Recommendations**

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
The MCP should continue its efforts to address low performing HEDIS®/QARR measures. Although the MCP's rate for Asthma Medication Ratio (5-18) continues to be below the statewide average, the rates have improved in 2018. The MCP should continue with its current interventions to improve this measure. The MCP should consider collaborating with a Community Based Organization (CBO) that can assist with asthma education for all age groups within the communities identified with the greatest risk. Regarding the consistent low rates for the Pharmacotherapy Management of COPD Exacerbation—Corticosteroids measure, the MCP should consider utilizing Pharmacists to educate members on COPD medication	In an effort to improve our HEDIS/QARR performance with Asthma Medication Ratio 5-18 (AMR), Pharmacotherapy Management of COPD Exacerbation-Corticosteroids (PCE-Corticosteroids), and Annual Dental Visit (ADV), Healthfirst has implemented the following quality initiatives: <ul style="list-style-type: none"> <li>• AMR: In 2021, Healthfirst will partner with the American Lung Association to offer a new asthma self-management class for pediatric members with a history of Emergency Department (ED) visits and inpatient admissions due to asthma. Upon completion of the class, families / members will receive an asthma care kit including educational materials, hypoallergenic pillowcases, and spacers to use with inhalers. Healthfirst has established a dedicated Care Management team for pediatric</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>management. The MCP should also continue with its member and provider focused dental initiatives to increase the rate of visits among its members. Continuous evaluation of the impact for all of the current interventions should be done to determine areas of improvement.</p>	<p>members with asthma. These Care Managers conduct an asthma assessment for applicable members to understand the level of asthma control; provide education to parents or adolescent members regarding medications; teach proper spacer technique; connect members to community resources; employ the home-visiting and care coordination services of AirNYC when appropriate; ensure an asthma action plan and care plan are updated; and help schedule telehealth appointments with pediatric asthma specialists. Also, PCPs have access to a list of their non-adherent members and their AMR rates on the Healthfirst Quality APP which is refreshed on a monthly basis.</p> <ul style="list-style-type: none"> <li>• PCE-Corticosteroids: Healthfirst utilizes in-network Community-based Organizations (CBO's) to provide Health Coaching to our members with COPD. Through the CBO's Community Health Workers (CHW) our members are outreached telephonically to educate them on their COPD condition, triggers, and how to prevent or respond to an exacerbation; ensure they understand their medication regimen, possible side effects, and when to use oxygen; reinforce the importance of filling their prescriptions timely; promote healthy lifestyle choices and stress management techniques; and develop a personalized action plan. When appropriate CHWs make referrals to Specialists, Integrated Pest Management, Smoking Cessation Programs, and Social / Community / Mental Health Services. The CHW's track all of their outreach and activity efforts via a digital platform that enables Healthfirst to pull a report on their engagement rates, as well as assess the success of the CBO's efforts. Evaluation of the CBO's activity is tracked through utilization data which determines if medical outcomes have been optimized. In addition, PCPs have access to a list of their non-adherent members and their PCE-Corticosteroids rates on the Healthfirst Quality APP which is refreshed on a monthly basis.</li> <li>• Annual Dental Visit (Medicaid Ages 2-18 years) Healthfirst collaborates with our delegated dental vendor to increase awareness about preventive dental care through live call campaigns that facilitate appointment scheduling; Interactive Voice Response (IVR) calls that enable a Dental Home transfer;</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>appointment reminder postcards; and emails that reinforce the importance of making a routine dental appointment. Our dental vendor ensures that our non-adherent members have easier access to preventive dental services by assigning them to a dental home that is near their medical PCP. They engage our provider network through financial incentives and improved fee schedules to increase their delivery of preventive dental services. Healthfirst maintains partnerships with school-based health centers that can provide comprehensive dental services. Our pediatric PCPs are assisting our members with dental referrals and are offering dental screenings. We host community events that promote oral health education and dental screenings. We provide health goal incentives to members who complete their routine dental check-up through our Member Rewards Program. Also, PCPs have access to a list of their non-adherent members and their ADV rates on the Healthfirst Quality APP which is refreshed on a monthly basis</p>
<b>Access to/Timeliness of Care</b>	
<p>As Healthfirst's Medicaid enrollment continues to increase; the MCP should also accommodate this growth with additional providers. With a membership rate above the statewide average for members aged 65 and over, the MCP should also consider increasing the number of Geriatricians in its provider network.</p>	<p>Healthfirst ensures that network adequacy requirements are met for all provider types/specialties across all lines of business. With respect to Geriatricians specifically, we have grown the network year over year to support the growth of members aged 65 and over. Between the fourth quarter of 2018 to current date, our Geriatrician network has grown by 27%. We run monthly testing of the provider network to monitor for continued adequacy. We will continue to monitor all specialty types through these efforts to ensure we have the appropriate volume of providers to support our continued membership growth.</p>
<p>With the MCP's appointment rate below the 75% threshold for Primary Care and OB/GYN providers during after-hours calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as; provider portals, quarterly provider newsletters and fax blasts.</p>	<p>Healthfirst uses a combination of efforts (provider orientations, access to care trainings, provider resource guide and guidance in the provider manual) to notify providers of what the expectations are related to access and availability. Additionally, Healthfirst conducts access and availability audits to monitor the performance of timely access to Primary Care and OB/GYN providers. These audits include evaluation of access to providers after hours. The results of these audits are shared with providers and used as opportunities to educate providers on</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	access and availability standards and to address any barriers identified through the audits.

## Independent Health Association, Inc.

### Performance Improvement Project Findings

IPRO's validation of IHA's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*.

Independent Health aimed to increase lead screening rates and link children with elevated blood lead levels under age 5 to critical treatment; to align with the CDC's Early Detection and Hearing Interventions initiative and the 1-3-6 recommendations that support universal newborn hearing screening and detection and follow up treatment services for children identified with hearing loss; and to support community-level efforts for appropriate identification, and referral of young Medicaid-insured children in Erie County who are identified at risk for delays. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Telephonic outreach followed by mailing to caregivers of children with high lead levels to schedule venous tests.
- Outreach and education to members reminding them to schedule second lead test.
- Community education and outreach in zip codes with high lead levels.  
Outreach to caregivers of patients who failed the newborn hearing screen as a reminder to complete the test by 3 months.

#### Provider-Focused Interventions:

- Training in-person and online held for providers outlining Lead Testing guidelines, regulations for testing and management of patients.
- Tracking hospital facilities and ensuring that newborn screen is completed prior to discharge and results are available to the member's primary care provider.
- Online webinar training for providers including CDC guidelines and AAP recommendations and information on accessing the NY EHDI information system.
- Outreach via letters or provider portal listing all patients who did not receive the newborn hearing screen within 3 months.
- Webinar-based training via online training learning management platform for providers including training for coding, screening tools that qualify and guideline recommendations.
- Education for providers regarding community initiatives like HelpMeGrow WNY to assist with service coordination, linkages to community agencies, and patient education about identifying developmental issues.

#### MCP-Focused Interventions:

- Independent Health will be leveraging large primary care IPA contracts to assist individual practices implement standard operating procedures to address the three areas of the PIP. Incentive funding provided to the IPAs to implement the processes.

- Collection of SOPs from the two large IPAs with pediatric practices (PCIPA and CMP) to ensure that the individual practices put into place workflows for testing.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	85.7%	87.7%	90%
Blood lead test: Age 2 years	86.8%	90.1%	90%
Blood lead test: Age 1 and 2 years	72.5%	78.7%	80%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	22.1%	23.1%	30%
Confirmed venous BLL of $\geq 5$ mcg/dl	5.2%	5.0%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	38.9%	37.8%	75%
Confirmed venous BLL $\geq 10$ mcg/dl	1.1%	1.0%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	27.2%	27%	50%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	89.9%	93.3%	99%
Did not pass screening by 1 month of age	0.9%	1.1%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	2.0%	2.6%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	50.0%	100%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	100%	80%
Completed hearing screening before 3 months of age	94.8%	95.5%	70%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	15.8%	15.8%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	100%	0%	100%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	4.6%	7.6%	32%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	34.4%	37.2%	32%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	33.2%	34.2%	32%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	24.2%	26.3%	32%
Standardized autism screening by 30 months of age:	0.09%	4.75%	25%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
1 claim for autism screening			
Standardized autism screening by 30 months of age:			
2 claims for autism screening	0%	0.84%	25%

N/A: Data was not available at the time of report

## Performance Measures Findings

The 2020 HEDIS FAR produced by Attest Health Care Advisors indicated that IHA met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Effectiveness of Care: Prevention and Screenings				
Adult BMI Assessment	93 ▲	96 ▲	96 ▲	90
WCC—BMI Percentile	90 ▲	93 ▲	95 ▲	88
WCC—Counseling for Nutrition	89 ▲	88 ▲	91 ▲	84
WCC—Counseling for Physical Activity	85 ▲	85 ▲	87 ▲	76
Childhood Immunizations—Combo 3	81 ▲	83 ▲	83 ▲	74
Lead Screening in Children	91 ▲	93 ▲	94 ▲	89
Adolescent Immunizations—Combo 2	38	35 ▼	36 ▼	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	85 ▲	79 ▼	84 ▲	71
Adolescents—Depression <sup>1</sup>	81 ▲	77 ▼	81 ▲	68
Adolescents—Sexual Activity <sup>1</sup>	86 ▲	75 ▼	83 ▲	68
Adolescents—Tobacco Use <sup>1</sup>	89 ▲	85 ▼	86 ▲	75
Breast Cancer Screening	69	71	70	71
Colorectal Cancer Screening	53 ▼	57 ▼	57 ▼	64
Chlamydia Screening (Ages 16-24)	70 ▼	72 ▼	71 ▼	76
Effectiveness of Care: Acute and Chronic Care				
Testing for Children with Pharyngitis	95 ▲	94 ▲	93 ▲	89
Spirometry Testing for COPD	42 ▼	42 ▼	42	52
Use of Imaging Studies for Low Back Pain	69 ▼	70 ▼	68 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	93	89	90	89
Pharmacotherapy Management for COPD—Corticosteroids	85 ▲	80	82	76
Medication Management for People with Asthma 50% (Ages 19-64)	63 ▼	70	65	69
Medication Management for People with Asthma 50% (Ages 5-18)	42 ▼	50 ▼	51 ▼	60
Asthma Medication Ratio (Ages 19-64)	62	55	58	57
Asthma Medication Ratio (Ages 5-18)	69	75 ▲	76 ▲	66
Persistence of Beta-Blocker Treatment After a Heart Attack	97	87	55	87
CDC—HbA1c Testing	88 ▼	92	92	93



Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
CDC—HbA1c Control (<8%)	60	61	61	61
CDC—Eye Exam Performed	64	65	65	68
CDC—Nephropathy Monitor	92	93	93	93
CDC—BP Controlled (<140/90 mm Hg)	69 ▲	72 ▲	72 ▲	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	80	79		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	88 ▼	88 ▼		
Appropriate Treatment for URI	95	96	92 ▲	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	26 ▼	30	46	48
HIV Viral Load Suppression <sup>1</sup>	79	84	88 ▲	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	41		49	46
Advising Smokers to Quit <sup>2</sup>	78		86	79
Smoking Cessation Medications <sup>2</sup>	63		70	62
Smoking Cessation Strategies <sup>2</sup>	53		72 ▲	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	49	50	52	54
Antidepressant Medication Management—Effective Continuation Phase	35	36	37	38
Follow-Up Care for Children on ADHD Medication—Initiation	50 ▼	49 ▼	53	58
Follow-Up Care for Children on ADHD Medication—Continue	70	56	63	67
Follow-Up After Hospitalization for Mental Illness—30 Days	78	80	78	79
Follow-Up After Hospitalization for Mental Illness—7 Days	60	79 ▲	60	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	78	81	81	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	86	75	55	80
Antipsychotic Medications for Schizophrenia	57	63	56	64
Utilization				
Well-Child Visits—First 15 Months	66	88 ▲	74 ▲	69
Well-Child Visits—3 to 6 Year Olds	86	86	87 ▲	85
Adolescent Well-Care Visits	68	70 ▲	72 ▲	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	99 ▲	99 ▲	99 ▲	97
25 Months-6 Years	94	94	95	94
7-11 Years	97	97	97	97

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
12-19 Years	95	96	96 ▲	95
<b>Adults' Access to Preventive/Ambulatory Services (AAP)</b>				
20-44 Years	84 ▲	85 ▲	85 ▲	82
45-64 Years	89	90 ▲	91 ▲	89
65+ Years	85 ▼	90	88	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	87	88		
Postpartum Care	66 ▼	69	78 ▼	83
Annual Dental Visit <sup>4</sup>	69 ▲	69 ▲	70 ▲	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 ROS Average
<b>QARR Prenatal Care Rates</b>				
<b>Medicaid</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	7%	-	7%	7%
Prenatal Care in the First Trimester	75%	75%	80%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	12%	-	13%	13%
Vaginal Birth After Cesarean	14%	-	14%	14%
<b>Commercial</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	5%	-	4%	4%
Prenatal Care in the First Trimester	81% ▼	81% ▼	89%	89%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	18%	-	18%	18%
Vaginal Birth After Cesarean	9%	-	6%	10%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that IHA was fully compliant with all of the federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

#### *Evaluation of MCP Compliance with NYS Operational Standards*

IHA was not issued any operational review deficiencies in 2019. For the focused reviews, IHA was in compliance with 13 of the 14 categories. The category in which IHA was not compliant was Organization and Management (2 citations).

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	0	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	0		
Medical Records	0	0		
Member Services	0	0		
Organization and Management	0	2	Contracts	2
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	0	0		
Utilization Review	0	0		
<b>Total</b>	<b>0</b>	<b>2</b>		

## Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	IHA	Statewide Average	IHA	Statewide Average	IHA	Statewide Average
Medicaid						
Advising Smokers to Quit	76	80	78	80	86	79
Coordination of Care <sup>1</sup>	84	80	86	81	82	81
Customer Service <sup>1</sup>	87	84	86	86	93 ▲	87
Flu Shots for Adults Ages 18-64	41	40	41	42	49	46
Getting Care Needed <sup>1</sup>	82	79	82	79	82	81
Getting Care Quickly <sup>1</sup>	85 ▲	80	82	78	90 ▲	81
Getting Needed Counseling/Treatment	87 ▲	74	64	69	79	71
Rating of Counseling/Treatment	77 ▲	64	60	60	65	62
Rating of Healthcare	79 ▲	75	79	77	79	75
Rating of Health Plan	81 ▲	76	81 ▲	76	80	76
Rating of Health Plan—High Users	81	77	89 ▲	80	76	77
Recommend Plan to Family/Friends	96 ▲	93	92	92	96 ▲	91
Satisfaction with Personal Doctor <sup>1</sup>	80	80	86 ▲	81	80	81
Satisfaction with Provider Communication <sup>1</sup>	89	91	94 ▲	91	93	92
Satisfaction with Specialist	82	80	88 ▲	80	77	82
Shared Decision Making <sup>1</sup>	80	79	82	80	83	80
Wellness Discussion	73	68	72	72	83 ▲	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, IHA had rates significantly better than the SWA for three consecutive years for the following measures: *Adult BMI assessment*, *WCC—BMI Percentile*, *WCC—Counseling for Nutrition*, *WCC—Counseling for Physical Activity*, *Childhood Immunizations—Combo 3*, and *Lead Screening in Children*. In 2019, IHA also had a rate better than the SWA for all four components of the *Adolescents Preventative Care* measure.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rates for *Testing for Children with Pharyngitis* and *CDC—BP Controlled (<140/90 mm Hg)* had rates significantly better than the SWA for three consecutive years. In 2019, IHA had rates significantly better than the SWA for the *Asthma Medication Ratio (Ages 5-18)*, *Appropriate Treatment for URI*, *HIV Viral Load Suppression*, and *Smoking Cessation Strategies* measures.

- In regard to the Access/Timeliness Indicators, IHA had rates significantly better than the SWA for three consecutive years for the following measures: *Children and Adolescents' Access to PCPs (12-24 Months)*, *Adults' Access to Preventive/Ambulatory Services (20-44 Years)*, and *Annual Dental Visit*. In 2019, IHA's rate for *Well-Child Visits in the First 15 Months of Life*, *Well-Child Visits—3 to 6 Year Olds*, *Adolescent Well-Care Visits*, *Children and Adolescents' Access to PCPs (12-19 Years)*, and *Adults' Access to Preventive/Ambulatory Services (45-64 Years)* had reported rates significantly better than SWA.
- In 2019, IHA had the following Adult CAHPS® measures with a rate better than the SWA for the following measures: *Customer Service*, *Getting Care Quickly*, *Recommend Plan to Family/Friends*, and *Wellness Discussion*.

#### **Opportunities for Improvement:**

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, IHA continues to demonstrate opportunities for improvement in the *Colorectal Cancer Screening* and *Chlamydia Screening (Ages 16-24)*. The rates have been reported significantly worse than the SWA for at least three consecutive reporting years.
- In the HEDIS®/QARR Acute and Chronic Care domain, IHA continues to demonstrate opportunities for improvement with the *Use of Imaging Studies for Low Back Pain* and *People with Asthma 50% of Days Covered (Ages 5-18)* measures.
- In regard to the Access to Care HEDIS®/QARR measures, the MCP's rate for *Postpartum Care* was reported significantly worse than the SWA in 2019.
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 1 citation from the focused review surveys related to Contracts under the Organization and Management category.

#### **Recommendations:**

- IHA demonstrates an opportunity for improvement in rates for Colorectal Cancer Screening and Chlamydia Screening (Ages 16-24). The MCP should continue with its current interventions targeted to providers and members. The MCP should consider evaluating its network adequacy and member satisfaction surveys to identify additional barriers to members accessing these preventative screenings. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. [Repeat recommendation.]
- IHA continues to demonstrate an opportunity to improve some rates related to acute and chronic care. The MCP should continue with its current interventions targeting members with asthma, as the rates for medication management continues to improve but remains significantly worse than the SWA. [Repeat recommendation.]

## Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
<p>Although the MCP's rates for <i>Colorectal Cancer Screening</i> and <i>Chlamydia Screening (Ages 16-24)</i> have trended upwards, the rates remained below the statewide average in 2018. The MCP should continue with its current interventions with a focus on member initiatives. Regarding the QARR Adolescent Preventative Care Measures, in 2018 the MCP saw a decline in performance for all measures. The MCP should investigate the cause of this decline as the previous years' rates were above the statewide averages. Possible barriers to consider are MCP organizational changes, provider appointment availability, or provider education on these screenings. The MCP should continuously evaluate its current interventions to identify barriers to accessing preventative screenings.</p>	<p>To improve <i>Colorectal Cancer Screening</i>, Independent Health has implemented both member-facing and provider-facing interventions since 2018. On the member side, Independent Health implemented a member incentive of \$25, which is accompanied by member education. Additionally, Independent Health began sending targeted cohorts of members home-based colorectal cancer screening kits in 2019, and in 2020, also did targeted member outreach utilizing community providers. On the provider side, <i>Colorectal Cancer Screening</i> is included in Independent Health's Primary Value value-based payment program, on all its IPA quality investment programs, as well as in its Medicaid PCP Quality Incentive Program. While <i>Colorectal Cancer Screening</i> is still below the statewide average, Independent Health has seen an increase of nearly four percentage points since implementing these initiatives. The effectiveness of our interventions are monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's Population Health Governance team. If an intervention is found to not yield the expected results, programming changes are made in the measurement year where feasible and/or planned for the subsequent year.</p> <p>To improve <i>Chlamydia Screening</i>, Independent Health has implemented provider-facing interventions since 2018, as we believe that the provider is in the best position to both improve their office workflow for this measure and provide education to the member as they come in for their office visits on the importance of this screening. On the provider side, <i>Chlamydia Screening</i> is included in Independent Health's Primary Value value-based payment program, as well as in its Medicaid PCP Quality Incentive Program. While <i>Chlamydia Screening</i> is still below the statewide average, the difference is not statistically significant. The effectiveness of our interventions are monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's Population Health Governance team. If an intervention is found to not yield the expected results,</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>programming changes are made in the measurement year where feasible and/or planned for the subsequent year.</p> <p>Independent Health's performance for <i>Adolescent Well Care Visits</i> was at or above the 75<sup>th</sup> percentile for dates of service 2017-2019, and significantly higher than the statewide average for 2018-2019. Independent Health has implemented both member-facing and provider-facing interventions to help sustain and improve this measure. On the member-facing side, members receive an incentive of \$75 if they complete their annual well visit. Additionally, adolescent members are eligible to receive up to \$100 in incentives for completing vaccinations applicable to the measure <i>Adolescent Immunizations (Combo 2)</i>. On the provider-facing side, annual well-visits are included in Independent Health's Primary Value value-based payment program. The effectiveness of our interventions are monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's Population Health Governance team. If an intervention is found to not yield the expected results, programming changes are made in the measurement year where feasible and/or planned for the subsequent year.</p>
<p>The MCP continues to struggle to improve rates related to acute and chronic care. The MCP should continue with its current interventions targeting members with asthma, as the MCP's rates for medication management has improved but remains below the statewide average. The MCP should consider utilizing Pharmacists to provide member and provider outreach regarding chronic conditions such as COPD, asthma, and patients on persistent medications.</p>	<p>Since 2018, Independent Health has significantly increased our clinical pharmacy efforts for Medicaid members with asthma and other chronic conditions. We have implemented weekly member-level reporting that monitors adherence to asthma controller medications, along with the number of rescue medications and controlled medications being filled for each member. Our pharmacists target those members at greatest risk due to overuse of rescue medications and/or underuse of controller medications for outreach. They outreach to these members telephonically to provide targeted asthma education to address their specific barriers to appropriate treatment. They also follow up with prescribers by phone and/or fax to update them on their patient's status and make recommendations to help get these members back on track.</p> <p>Similarly, Independent Health's clinical pharmacists receive daily reporting of Medicaid members with a</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>COPD exacerbation without appropriate medications in follow-up. This report is reviewed by a pharmacist with member and provider follow-up as needed. Additionally, many other chronic conditions and their medications are monitored with individual pharmacist assessment and follow-up, including, but not limited to, HIV, depression, schizophrenia, and bipolar disorder.</p> <p>The effectiveness of these and other interventions to improve acute and chronic care are monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's Population Health Governance team and Quality Performance Committee. If an intervention is found to not yield the expected results, programming changes are made in the measurement year where feasible and/or planned for the subsequent year.</p>
<p>The MCP should continue with the steps taken to address the identified issues in the different categories in which citations were noted in the 2018 operational and focused review surveys. The MCP should focus on Utilization Review notices sent to members and the management of delegates such as Beacon and Healthplex. <i>[Repeat recommendation.]</i></p>	<p>Independent Health implemented the following corrective actions that were identified in the 2018 operational and focused review surveys:</p> <p><b>Beacon Sub-Delegation Finding:</b>  <i>Corrective Action:</i> Beacon stopped using Prest and Associates for utilization review of Independent Health members prior to December 1, 2017. Independent Health confirmed with each of its delegates that they have not sub-contracted utilization review for any Independent Health members. Independent Health requires its delegated entities to provide a clinical reviewer list quarterly to identify any non-delegated entity reviewers. In addition, Independent Health updated its annual Vendor Attestation to include clarifying language specifically requiring that all subcontractors performing utilization review activities be disclosed to Independent Health. Vendor contracts also include notification requirements. Independent Health will submit a revised MSA for approval prior to implementing any utilization review performed by sub-delegates, if contemplated.</p> <p><i>Monitoring/Auditing and Education:</i> Independent Health reviews files from the delegated entities quarterly to determine if any non-delegated entity reviewers are being used. As of September 2018,</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>delegated entities were re-educated to notify Independent Health prior to the use of any subcontractors to ensure subcontractors are approved sub-delegates of the vendor-IHA MSA prior to performing utilization review activities.</p> <p><u>Beacon Sub-Delegation to a non-registered Utilization Review Agent Finding:</u>  <i>Corrective Action:</i> Beacon stopped using Prest and Associates for utilization review of Independent Health members prior to December 1, 2017. Independent Health confirmed with each of its delegates that they have not sub-contracted utilization review for any Independent Health members. Independent Health incorporated clinical reviewer review into its annual audit process to ensure appropriate licensure. In addition, Independent Health updated its annual Vendor Attestation to include language specifically requiring that all subcontractors performing clinical services be disclosed to Independent Health and appropriately licensed to perform such services. Independent Health ensures any subdelegate contemplated for utilization review has the required licensure.</p> <p><i>Monitoring/Auditing/Education:</i> Independent Health conducts yearly reviews of all delegated entities and has incorporated clinical reviewer review into this audit to ensure appropriate licensure. Annual vendor attestation responses are also audited against. As of September 2018, delegated entities were re-educated on the utilization review licensure requirement and instructed to notify Independent Health prior to the use of any subcontractors used in the performance of clinical reviews.</p> <p><u>Utilization Review Notice Issues:</u> This includes issues related to timeframes for standard and expedited appeals and not including an Independent Health phone number on notices sent by Healthplex.</p> <p><i>Corrective Action:</i> As of August 1, 2018, Independent Health executed the new model notices (approved by DOH) for the Mega Rule regulation implementation.</p> <p><i>Monitoring/Auditing/Education:</i> Staff was educated as</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>to the new model notices and the use of the template notices and accuracy of information was incorporated into monthly file review audits.</p> <p>The NYS DOH issued a letter to Independent Health on September 18, 2019, informing the plan of the results of the Targeted Operational Survey which was conducted on September 4-5, 2019 to determine compliance with the Plan of Correction from the Comprehensive Operational Survey on July 20, 2018. The letter stated that Independent Health was found to be in compliance with the Plan of Correction and that no further Plan of Correction was required at that time. Independent Health continues to monitor and audit the original issues on an ongoing basis, as outlined in the original Plan of Correction.</p>
<b>Access to/Timeliness of Care</b>	
<p>Substance use and mental health issues affect millions of adolescents and adults in the United States and contribute heavily to the burden of disease.<sup>11</sup> In 2018, the MCP's low rate of Behavioral Health specialists (5.1%) could have influenced its high ratio of enrollees to Behavioral Health providers (177:1). The MCP should make all efforts to contract with additional Behavioral Health providers or consider collaborating with a community-based organization (CBO) that provides education and treatment for behavioral health conditions. The MCP should also conduct a root cause analysis to identify the source for the consistent poor performance on the HEDIS®/QARR <i>Follow-Up Care for Children on ADHD Medication – Initiation</i> measure. Some barriers could be provider network inadequacies, appointment availability conflicts with parent/guardian work schedules, or cultural factors regarding mental health.</p>	<p>Independent Health and its contractor, Beacon, regularly reviews its contracted network providers against both internal and external standards, as applicable, for accessibility, availability, and overall network adequacy. As part of this monitoring and analysis, if any deficiency is identified, attempts are made to remediate and contract with any additional physicians in the area who meet the organization's credentialing requirements. The most recent analysis of geographic access to behavioral health specialists indicated high levels of geographic access (≥99% with organizational standards) for psychologists, child psychologists, clinical social workers, psychiatrists, substance abuse counselors, and addiction medicine specialists). Furthermore, Independent Health conducts annual appointment availability surveys to ensure members can receive needed care and any contracted providers who do not meet Independent Health's standards are required to complete a corrective action plan.</p>

<sup>11</sup> Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Regarding poor performance of the HEDIS/QARR <i>Follow-Up Care for Children on ADHD Medication – Initiation</i> measure, Independent Health conducted a barrier analysis and identified the following contributing factors:</p> <ul style="list-style-type: none"> <li>• Policies: Timely identification of members: Follow-up within the initiation-phase is time sensitive and the tools that we supply to our providers (e.g., monthly updates to the provider portal) are not timely enough for them to action within the 30-day timeframe. Additionally, practices may not have patient ADHD registries in place to manage themselves within their practice workflow.</li> <li>• Procedures: Barriers to developing collaborative care management arrangements: PCPs have lack of engagement with behavioral health providers in developing collaborative care partnerships to manage ADHD. Additionally, there can be lack of engagement of behavioral health clinicians in the participation of ADHD quality improvement initiatives. Independent Health identified lack of collaboration between primary care and behavioral health practitioners to be a procedural barrier as one of the top root causes influencing current performance.</li> <li>• People: Patients are unaware of the need for timely follow-up and/or do not receive timely care management support: Independent Health identified barriers in patient communication and direct patient education and outreach as one of the top root causes influencing current performance. Independent Health's behavioral health member experience survey conducted in 2020 indicated that Independent Health's members reported low awareness of different types of counseling, treatment, and other resources to assist with managing their behavioral health needs.</li> <li>• Provisions: Providers are unaware of the local support services available such as trainings, consultative referrals, and co-management</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>strategies: Pediatric primary care providers lack training and resources to effectively manage developmental, behavioral, and mental health conditions, including ADHD. (Source: Systemic barriers to the care of children and adolescents with ADHD. American Academy of Pediatrics. October 2019. Pediatrics 144(4).) Practices may lack awareness of local mental health resources and referral systems to address their patients' mental health care needs. Providers may not be aware of support groups available to patients or other co-management options such as consultative referrals through a behavioral health practitioner. Providers lack knowledge of the best practices used by some provider groups in managing ADHD.</p> <p>Independent Health is in the process of implementing both member-facing and provider-facing interventions to address these barriers in 2021. The effectiveness of our interventions will be monitored on a monthly or quarterly basis, as applicable, looking at both process and outcome results, by Independent Health's Population Health Governance team and Quality Performance Committee. If an intervention is found to not yield the expected results, programming changes will be made, as necessary.</p>
<p>With the MCP's appointment rate below the 75% threshold for Primary Care and OB/GYN providers during Non-Urgent "sick" and After-Hours Access calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as provider portal notifications, quarterly provider newsletters and fax blasts.</p>	<p>In 2019, Independent Health implemented an Appointment Availability audit program for various appointment types which measures provider compliance with health care access and availability standards. The providers included are Primary Care Physicians (PCPs), OB/GYN, Oncologists, Behavioral Health Prescribers, Behavioral Health Non-Prescribers, and Behavioral Health Mental Health Facilities.</p> <p>The primary objectives of this program are:</p> <ul style="list-style-type: none"> <li>• To provide quantifiable feedback to Independent Health regarding physician compliance with the access and availability standards and requirements.</li> <li>• To help Independent Health improve the services provided to its members.</li> </ul> <p>Independent Health utilizes a vendor (SPH Analytics) to perform the audit on an annual basis every April.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Prior to the survey we publish a reminder that the survey is upcoming and remind our providers to familiarize themselves with the policy to ensure that they adhere to the standards.</p> <p>The Interviewers utilize a prepared script that identify Independent Health during the call. The script includes “scenarios” for each type of appointment, and the script is tailored to be appropriate for the type of provider (i.e., PCPs, Specialists, and Behavioral Health Providers).</p> <p>For each scenario, the scheduler is asked to provide the next available appointment for each appointment type assessed. SPH compares the response to Independent Health’s standards to determine compliance for each appointment type.</p> <p>Interviewers also document verbatim comments during the call for both SPH and Independent Health to review.</p> <p>Any provider found to be in non-compliance is contacted in writing regarding the areas of non-compliance, reminded of our policy and required to document an action plan within 2 weeks of the letter. The overall findings of the survey are published in Independent Health’s provider newsletter, <i>Scope</i>.</p>

### Performance Improvement Project Findings

IPRO's validation of MetroPlus's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

MetroPlus aimed to improve the health and lives of New Yorkers' and that especially includes the youngest members to ensure that they have a head start by increasing the rate of necessary tests such as blood lead testing, hearing screening, and developmental screening. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Educating caregivers via newsletters and website library on the importance of blood lead testing and health risks associated with lead toxicity.
- Well child messaging via text messages to caregivers on the importance of blood lead level testing and sources of lead.
- Outreach via mailings and calls to parents/caregivers of members with high lead levels.
- Caregiver education through mailing including a link to diagnostic audiological testing locations.
- Outreach to caregivers whose children did not pass a diagnostic evaluation and require referral to EI services.
- Promoting member rewards program for a well-child visit through member website and text messages.
- Text messages to caregivers about the importance of a well-child visit.
- Educating caregivers through member newsletter regarding associated risks of unidentified developmental, behavioral and social delays.

#### Provider-Focused Interventions:

- Educating low performing providers during site visits on the benefits of early screening and intervention for young children.
- Posting articles on provider newsletter on the importance of testing for children.
- Targeted provider outreach for members with high blood lead levels.
- Outreach to providers whose members did not pass initial hearing screening and require second hearing screening.
- Updating providers with clinical guidelines through provider portal.
- Developing quick reference guide for lead screening for doctors.
- Provider outreach via mailing for accurate hearing screening results.
- Posting of diagnostic audiological testing locations on provider portal.

#### MCP-Focused Interventions:

- Updating NYC Health & Hospitals and large community providers with clinical guidelines through provider visits.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	66.2%	70.4%	71.2%
Blood lead test: Age 2 years	64.9%	69.6%	69.9%
Blood lead test: Age 1 and 2 years	51.0%	56.1%	56%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	62.5%	64.0%	65.5%
Confirmed venous BLL of $\geq 5$ mcg/dl	0.5%	0.4%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	46.5%	53.3%	80%
Confirmed venous BLL $\geq 10$ mcg/dl	0.1%	0.1%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	41.5%	43.2%	80%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	87.1%	86.2%	92.1%
Did not pass screening by 1 month of age	1.4%	8.2%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	29.1%	26.2%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	14.6%	14.1%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	66.7%	44.4%	80%
Completed hearing screening before 3 months of age	88.2%	87.1%	93.2%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	43.1%	31.0%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	38.5%	0.0%	80%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	3.9%	5.3%	8.9%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	7.9%	9.5%	12.9%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	8.6%	10.1%	13.6%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	6.7%	8.2%	11.7%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0.0%	3%
Standardized autism screening by 30 months of age:	0%	0.0%	3%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
2 claims for autism screening			

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Acurate Health Data Management, Inc. indicated that MetroPlus met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	92 ▲	94 ▲	94 ▲	90
WCC—BMI Percentile	93 ▲	94 ▲	94 ▲	88
WCC—Counseling for Nutrition	90 ▲	93 ▲	96 ▲	84
WCC—Counseling for Physical Activity	78 ▲	85 ▲	86 ▲	76
Childhood Immunizations—Combo 3	87 ▲	93 ▲	83 ▲	74
Lead Screening in Children	95 ▲	94 ▲	94 ▲	89
Adolescent Immunizations—Combo 2	64 ▲	61 ▲	62 ▲	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	80 ▲	88 ▲	88 ▲	71
Adolescents—Depression <sup>1</sup>	82 ▲	84 ▲	84 ▲	68
Adolescents—Sexual Activity <sup>1</sup>	81 ▲	85 ▲	85 ▲	68
Adolescents—Tobacco Use <sup>1</sup>	85 ▲	91 ▲	91 ▲	75
Breast Cancer Screening	74 ▲	75 ▲	73 ▲	71
Colorectal Cancer Screening	67 ▲	67	67	64
Chlamydia Screening (Ages 16-24)	78 ▲	82 ▲	80 ▲	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	88 ▼	81 ▲	84 ▼	89
Spirometry Testing for COPD	51	46 ▲	46	52
Use of Imaging Studies for Low Back Pain	79 ▲	79 ▲	82 ▲	79
Pharmacotherapy Management for COPD—Bronchodilators	90	87	92	89
Pharmacotherapy Management for COPD—Corticosteroids	73	72	68 ▼	76
Medication Management for People with Asthma 50% (Ages 19-64)	70	70	72 ▲	69
Medication Management for People with Asthma 50% (Ages 5-18)	57	57 ▼	59	60
Asthma Medication Ratio (Ages 19-64)	54 ▼	59	58	57
Asthma Medication Ratio (Ages 5-18)	61 ▼	62 ▼	62 ▼	66
Persistence of Beta-Blocker Treatment After a Heart Attack	79	78	82	87
CDC—HbA1c Testing	94 ▲	90	93	93



Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
CDC—HbA1c Control (<8%)	59	57	64	61
CDC—Eye Exam Performed	66	69	69	68
CDC—Nephropathy Monitor	93	89	94	93
CDC—BP Controlled (<140/90 mm Hg)	70 ▲	72 ▲	74 ▲	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	89 ▲	89 ▲		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	93 ▲	92		
Appropriate Treatment for URI	96 ▲	95	88 ▼	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	35	36	46 ▼	48
HIV Viral Load Suppression <sup>1</sup>	76	78	76	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	46		59 ▲	46
Advising Smokers to Quit <sup>2</sup>	79		SS	79
Smoking Cessation Medications <sup>2</sup>	58		SS	62
Smoking Cessation Strategies <sup>2</sup>	55		SS	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	53	53	56	54
Antidepressant Medication Management—Effective Continuation Phase	37	36	39	38
Follow-Up Care for Children on ADHD Medication—Initiation	62	62	61	58
Follow-Up Care for Children on ADHD Medication—Continue	80 ▲	77	81 ▲	67
Follow-Up After Hospitalization for Mental Illness—30 Days	69 ▼	75	72 ▼	79
Follow-Up After Hospitalization for Mental Illness—7 Days	51 ▼	64	56 ▼	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	86 ▲	86 ▲	86 ▲	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	86	82	82	80
Antipsychotic Medications for Schizophrenia	59	61	62	64
Utilization				
Well-Child Visits—First 15 Months	70 ▲	81	65 ▼	69
Well-Child Visits—3 to 6 Year Olds	87 ▲	87 ▲	87 ▲	85
Adolescent Well-Care Visits	67 ▼	67 ▼	69	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	94 ▼	93 ▼	95 ▼	97
25 Months-6 Years	92 ▼	91 ▼	93 ▼	94
7-11 Years	96 ▼	95 ▼	96 ▼	97

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
12-19 Years	93 ▼	93 ▼	94 ▼	95
<b>Adults' Access to Preventive/Ambulatory Services (AAP)</b>				
20-44 Years	77 ▼	76 ▼	77 ▼	82
45-64 Years	89 ▼	87 ▼	87 ▼	89
65+ Years	91	91	92	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	92 ▲	89		
Postpartum Care	71	70	84	83
Annual Dental Visit <sup>4</sup>	60	59 ▼	63 ▲	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>NYC</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	7%	-	7%	7%
Prenatal Care in the First Trimester	67% ▼	67% ▼	68%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	14%	-	14%	14%
Vaginal Birth After Cesarean	14% ▼	-	14%	20%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that MetroPlus was fully compliant with ten of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.210: Coverage and authorization of services	D=1, C=1
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on interview and demonstration of the online provider manual functions, the MetroPlus failed to ensure the provider links to utilization review policies for all delegates were in place and functioning. This issue was identified during the full operational survey and the plan of correction did not include auditing or monitoring. The issue was not identified until demonstrating to the surveyor on April 9, 2019. The delegates whose links were not functioning were: HealthPlex and Integra.
- Based on review and interview, the MetroPlus failed to make a utilization review determination, provide written and phone notice with in three business days of receipt of the necessary information, to the enrollee and the provider in four out of 7 Medicaid standard prior authorization cases reviewed. Specifically, the Plan was late in its determination process. The written notices (initial adverse determination) and phone notices to the member and the provider in the above cases were late.

#### ***Evaluation of MCP Compliance with NYS Operational Standards***

For the operational survey, MetroPlus was in compliance with 12 of the 14 categories. The categories in which MetroPlus was not compliant were Service Delivery Network (1 citation), and Utilization Review (1 citation). MetroPlus did not receive any focused review deficiencies in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	0	0
Prenatal Care	0	0
Quality Assurance	0	0

Category	Operational Citations	Focused Review Citations
Service Delivery Network	1	0
Utilization Review	1	0
Total	2	0

## Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	MetroPlus	Statewide Average	MetroPlus	Statewide Average	MetroPlus	Statewide Average
Medicaid						
Advising Smokers to Quit	79	80	79	80	SS	79
Coordination of Care <sup>1</sup>	78	80	80	81	82	81
Customer Service <sup>1</sup>	80	84	88	86	83	87
Flu Shots for Adults Ages 18-64	48 ▲	40	46	42	59 ▲	46
Getting Care Needed <sup>1</sup>	67 ▼	79	71 ▼	79	76	81
Getting Care Quickly <sup>1</sup>	68 ▼	80	71 ▼	78	77	81
Getting Needed Counseling/Treatment	71	74	72	69	SS	71
Rating of Counseling/Treatment	69	64	52	60	SS	62
Rating of Healthcare	70 ▼	75	74	77	68	75
Rating of Health Plan	73	76	79	76	75	76
Rating of Health Plan—High Users	74	77	84	80	74	77
Recommend Plan to Family/Friends	92	93	93	92	95 ▲	91
Satisfaction with Personal Doctor <sup>1</sup>	74 ▼	80	78	81	77	81
Satisfaction with Provider Communication <sup>1</sup>	87 ▼	91	90	91	92	92
Satisfaction with Specialist	76	80	77	80	73	82
Shared Decision Making <sup>1</sup>	77	79	74 ▼	80	76	80
Wellness Discussion	67	68	72	72	70	75

SS: Sample size too small to report.

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, MetroPlus had a rate significantly better than the SWA for three consecutive years for the following measures: *Adult BMI Assessment WCC—BMI Percentile, WCC—Counseling for Nutrition, WCC—Counseling for Physical Activity, Childhood Immunizations—Combo 3, Lead Screening in Children, Adolescent Immunizations—Combo 2, Adolescents—Alcohol and Other Drug Use, Adolescents—Depression, Adolescents—Sexual Activity, Adolescents—Tobacco Use, Breast Cancer Screening, and Chlamydia Screening (Ages 16-24)*.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rates for *Use of Imaging Studies for Low Back Pain* and *CDC—BP Controlled (<140/90 mm Hg)* were significantly better than the SWA for three consecutive years. The MCP also had rates better than the SWA in 2019 for the *Medication Management for People with Asthma 50% (Ages 19-64)* and *Flu Shots for Adults (Ages 18-64)* measures.
- In regard to behavioral health HEDIS®/QARR measures, MetroPlus had rates statistically better than the SWA for the *Follow-Up Care for Children on ADHD Medication (Continue)* and *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds* measures in 2018.
- In regard to the Access/Timeliness Indicators, the MCP's rate for HEDIS®/QARR *Well-Child Visits 3 to 6 Year Olds* has been reported statistically better than the SWA for three consecutive reporting years. In 2019, the MCP's rate for *Annual Dental Visit* measure was significantly better than the SWA.

#### **Opportunities for Improvement:**

- In the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, MetroPlus demonstrates opportunities for improvement for the *Testing for Children with Pharyngitis, Pharmacotherapy Management for COPD—Corticosteroids, Appropriate Treatment for URI, and Avoidance of Antibiotics for Adults with Acute Bronchitis* measures in 2019. The MCP's rate for *Asthma Medication Ratio (Ages 5-18)* was reported significantly worse than the SWA for at least three consecutive reporting years.
- In regard to the HEDIS®/QARR Behavioral Health measures, MetroPlus had rates statistically worse than the SWA in 2019 for the *Follow-Up After Hospitalization for Mental Illness—(7 Days and 30 Days)* measures.
- MetroPlus continues to demonstrate an opportunity for improvement in regard to the Access/Timeliness Indicators. The MCP's rates have been reported significantly worse than the SWA for at least three consecutive years for the *Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months, 25 Months-6 Years, 7-11 Years, & 12-19 Years)* and *Adults' Access to Preventive/Ambulatory Health Services (Ages 20-44 Years and 45-64 Years)* measures. In 2019, MCP's rate for *Well-Child Visits—First 15 Months* was significantly worse than the SWA.
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 2 citations from the operational review surveys related to Service Delivery Network and Utilization Review.

### **Recommendations:**

- MetroPlus should consider investigating reasons behind its poor performance in members accessing follow-up appointments after a hospitalization for mental illness and medication management for acute and chronic care conditions. The MCP should conduct root-cause analysis to identify barriers to care and develop interventions to address these barriers. The MCP should also consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement.
- MetroPlus continues to demonstrate opportunities to improve members' access to care, as the MCP's rates for several HEDIS®/QARR Access to Care measures are continuously performing below the statewide averages. Although MetroPlus identified many key barriers to members accessing preventative care and has developed interventions to address these barriers, the MCP's performance rates have not improved. The MCP should continuously evaluate the current interventions to determine its effectiveness. The MCP should also consider evaluating its provider network and member satisfaction surveys to identify additional barriers. [Repeat recommendation.]
- MetroPlus should address the identified issues in the different categories in which citations were noted in the 2019 operational review. The MCP should address the organizational reasons behind the high turnover rate for the UM staff in 2019 to avoid delays in processing authorization requests in the future. The MCP should consider continuous trainings regarding the process and procedures for utilization review.

### **Assessment of MCP Follow-up on Prior Recommendations**

<b>Identified Opportunity for Improvement EQRO/IPRO Recommendation</b>	<b>Response/Actions/Next Steps</b>
<b>Quality of Care</b>	
The MCP should continue its efforts to improve the HEDIS®/QARR measures related to asthma care. The MCP should consider utilizing Pharmacists to assist with educating members regarding when and how to use rescue inhalers and long-acting inhalers. The MCP should evaluate the effectiveness of its current initiatives, including the use of community health workers, text message reminders and provider and member incentives.	MetroPlus Health continues to make asthma a priority to improve in measures related to asthma care. Throughout 2018 to 2020, a targeted outreach to members was conducted to educate members on self-management and identify barriers to medication adherence. Members identified as needing one more medication refill for compliance or belonging to a provider organization that offered an asthma management program received a call from the Quality Management Department. Members were also reminded of covered medication benefits such as free home delivery, 90-day medication supply for 30-day pricing, and pre-packaging of multiple medications. MetroPlus Health connected members to internal pharmacists to address any medication or formulary questions that were posed during outreach efforts. Text message campaigns and IVR calls to members provided education (including the importance of adhering to prescribed controller medications), access to pharmacy for medication-related questions, assistance with scheduling appointments, and medication refill

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>reminders. Members with gaps in the asthma HEDIS measure were sent a letter to reinforce medication adherence, provided resources, and connect them to community asthma programs for personalized coaching. MetroPlus Health worked with the following programs:</p> <ul style="list-style-type: none"> <li>- OneCity's Asthma Program outreached and enrolled members into the program. The OneCity program pairs a community health worker with a member to provide education on how to take medications correctly, identify asthma "triggers" in the home, provide a free service to remove pests and rodents from the home, and help to quit smoking.</li> <li>- MetroPlusHealth's Integrated Case Management partnered with Bridges to Health Equity program who worked directly with network providers for qualifying pediatric members. For members interested in the program, providers connected members to the program to be paired with a community health worker (CHW). The CHW works directly with the member to coach in asthma self-management.</li> <li>- MetroPlusHealth's Integrated Case Management partnered with Medicaid Together Improving Asthma, a project of the New York City Department of Health and Mental Hygiene (DOHMH) that aims to deploy Integrated Pest Management with Allergen Reduction (IPM-AR) to the homes of MetroPlusHealth pediatric members who have been admitted to a hospital with an asthma diagnosis, have an allergy to cockroaches or mice, or have pests at home. IPM-AR primarily involves the removal of existing pest allergens from the home and improving sanitary and structural conditions to deny pests food, water, harborage and movement.</li> <li>- MetroPlusHealth's Quality Management partnered with NYC Health + Hospital/ Lincoln's Breathe Easy Program. The program educates members to take medication properly, home assessment to identify asthma "triggers" in the home and remove pests and rodents from the home, help the patient to quit smoking, and refer patients to social, community and legal services.</li> <li>- MetroPlusHealth's Quality Management partnered with NYC Health + Hospital/Woodhull's North Brooklyn Asthma Alliance program. The program</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>connects members with a community health worker that provides services to remove asthma triggers from the home, teach the member how to remove asthma triggers from their environment, free cleaning supplies and mattress cover, and access to other services, such as legal services. Two targeted text campaigns were conducted to Brooklyn and Bronx members inviting them to enroll with a community health worker program.</p> <ul style="list-style-type: none"> <li>• In addition, MetroPlusHealth Member Rewards offers a wellness reward for members to earn points redeemable for prizes by making healthy choices. One of the activities included in the program is for members to adhere to their asthma controller medications.</li> <li>• MetroPlusHealth offers a Pay for Performance program which is an incentive program that rewards our providers for meeting targeted performance metrics for the delivery of quality and efficient health care services. Improving Asthma Medication Ratio performance has been a focused measure included in the program from 2018 through 2020.</li> <li>• To promote continuity of care, primary care physicians are being notified in real time of upcoming member appointments that have a gap in the asthma medication measure. This way, the provider will be reminded to review the member's current prescriptions, convert prescriptions to a 90 day-supply fill if appropriate, and confirm an asthma action plan is in place.</li> <li>• MetroPlusHealth is currently reviewing members that are stable on asthma controller medication and filling 30-day-supply every month and contacting providers to convert to 90 day-supply prescriptions to alleviate barriers related to access to medications and care.</li> <li>• MetroPlusHealth Quality Management will continue provider education during provider visits (i.e., sharing current quality rates, best practices, performance improvement strategies, etc.)</li> </ul> <p>The goal of outreaching members is to increase medication adherence, educate members on the importance of using their medications as prescribed, and increasing coordination of care. The expected</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>outcomes from the actions is an increase for the asthma medication ratio measure. MetroPlusHealth's overall asthma medication ratio rate improved in MY2018 by 2% (MY2017: 58.29% MY2018: 60.56%) and remained consistent in MY2019 (MY2019: 60.24%).</p> <p>The MCP's process for monitoring the actions is to:</p> <ol style="list-style-type: none"> <li>1. Utilize internal monthly dashboards and year over year trend reports to capture HEDIS rate performance.</li> <li>2. Capture process data and monitoring the effectiveness of each intervention.</li> <li>3. Continue to include outcomes in reports to the Quality Management Committee and Quality Assurance Performance Improvement Committee.</li> </ol>
<b>Access to/Timeliness of Care</b>	
<p>The MCP should work to improve members' access to care, as the MCP's rates for several HEDIS®/QARR Access to Care measures are continuously performing below the statewide averages. The MCP identified barriers such as, provider appointment times conflicting with parents' work schedules, inadequate childcare so that the adult can make annual well visits, member education needed regarding the importance of annual checkups and provider motivation to encourage members to make appointments. The MCP developed provider incentives and member education to target these measures. The MCP should also consider implementing member incentives and offer educational materials to providers on the MCP's HEDIS®/QARR performance goals. The MCP should continuously evaluate the current interventions to determine if rates are improving. <i>[Repeat recommendation.]</i></p>	<p>For Reporting Year 2018, Children and Adolescents' Access to PCPs (CAP) for all age ranges performed below the statewide average. Adults' Access to Preventive/Ambulatory Services (AAP) for all age ranges except for adults 65 years or older performed below the statewide average. Many of the barriers listed below remain the same as the previous year; however, the arrival of COVID-19 pandemic in 2020 had significant impact on accessing care for all age ranges. The state-ordered lockdown and fear of COVID-19 exposure reduced access and availability as providers' offices temporarily closed. Annual well visits, preventive screenings, and chronic care were postponed or delayed. The subsequent financial hardship rendered by the pandemic also changed priorities as food and housing security were more pressing than healthcare. Many interventions, listed below, were put in place to address the COVID-19 impact, but rates for CAP and AAP are predicted to remain low and CAP has been retired beginning in 2020.</p> <p>Members report not being able to afford to miss work to take their children in for an annual well-child visit. For the adolescent age range, many teenagers are not willing to go for their annual well-visit, and their caregivers may not realize preventive care is still necessary for older children. Many caregivers only take their children to the doctor for sick visits, not understanding the importance of a yearly check-up. For adults, not having paid sick days to attend annual well-</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>visits is a common barrier. Not having childcare to take care of young children so that the adult caregiver can go in for a well-visit has also been noted as an obstacle to seeking care. Adult members often only see doctors for sick visits, not aware of the importance of preventive care. Members are uneducated on how to navigate the provider network, including urgent care and telehealth services. Providers and clinics do not efficiently manage their schedule to meet the needs of members, nor do they have adequate call back or reminder systems to bring their patients back in for routine care.</p> <p>Several interventions have been implemented to address the existing barriers as well as COVID-related barriers. Expansive text messaging campaigns target different populations such as children needing well-care visits, members who need vaccinations, members with chronic conditions, members who need preventive screenings, and members recently discharged from the emergency room or inpatient. These messages provide appointment reminders, stress the importance of routine healthcare and taking medications as prescribed, give the PCP phone number and the MetroPlusHealth Customer Service number, and inform the members of the MetroPlusHealth Member Rewards program. Special text messages were sent out during the latter half of 2020 to get members back into care, emphasizing the importance of keeping well visits during the pandemic, reassuring members of the safety and hygiene protocols put in place to address fear and anxiety around COVID exposure at providers' offices and facilities, and providing information on COVID testing sites in NYC and safety measures that should be taken during COVID. A call and text campaign was launched in partnership with NYC Health + Hospitals in an effort to increase childhood vaccinations, allowing parents to take their children in to any NYC H+H facility and creating "safety lanes" to avoid wait times and expedite childhood vaccinations. A pediatric call campaign was launched in conjunction with pediatric offices to outreach members with gaps in pediatric measures to schedule appointments.</p> <p>The MetroPlusHealth Member Rewards Program continues to offer points to members for completing various healthy activities such as child/adolescent well-</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>care visits, HIV/AIDS PCP visits, and new member PCP visits. These points can then be redeemed for hundreds of useful items, including non-perishable food items and PPE.</p> <p>MetroPlusHealth Virtual Visit program was also launched in April 2020 with a telehealth vendor to provide urgent care, psychiatry, and therapy. These services are rendered online and telephonically to increase access and availability for members, especially for behavioral health which is particularly essential during the COVID-19 pandemic. Member communications were delivered through email, direct mail, and text messages to raise awareness of the new Virtual Visit program.</p> <p>Through the MetroPlusHealth Provider Pay for Performance program in 2019, providers were incentivized to improve access to care through the addition of two measures: “Routine Care When Needed” and “Received Care Quickly When Needed.”</p> <p>Members with a provider visit triggered a member survey; members were asked 2 questions regarding access to care. The responses were collected and shared with eligible providers, along with subsequent quarterly reporting of newly surveyed members, to motivate providers to actively monitor and improve in these measures. Reports were shared with providers through a portal where members’ responses and rates were tracked and trended.</p> <p>CAP and AAP rates are tracked through monthly dashboards, and year over year trends are monitored. Access to Care measures are reported to the Quality Management Committee which reports to the Quality Assurance Performance Improvement Committee a subcommittee of the Board of Directors.</p>
<p>The MCP should evaluate its provider network to determine its impact on members accessing care. In 2018, the MCP’s ratio of enrollees to Medicaid providers indicates that the MCP has fewer providers per enrollee. Also, with the MCP’s Medicaid population consisting of a large number of members aged 15-19 years and 20-44 years,</p>	<p>The Plan continues to evaluate its Primary Care and specialty network with the goal of improving After-Hours Access for all members. In 2019, the Plan transitioned its After-Hours Access to Care survey vendor from AllTran to SPH Analytics. MetroPlusHealth changed survey vendors to improve the survey’s scope including reach rate and improved reporting back to the Plan. SPH administers Provider Access Surveys for</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>the MCP should consider making additional efforts to contract with Primary Care Providers. With the MCP's appointment rate below the 75% threshold for Primary Care and OB/GYN providers during After-Hours Access calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as provider portal notifications, quarterly provider newsletters and fax blasts. Additionally, the MCP should investigate if the low performance on HEDIS®/QARR measures is related to the low performance for CAHPS® measures associated with care received from specialists and provider communication with members.</p>	<p>Routine, Urgent, Non-Urgent, and After-Hours Access on behalf of MetroPlusHealth using live agent phone calls. The Plan formally assesses its performance for accessibility for After-Hours Access quarterly with reporting oversight by Network Relations.</p> <p>Network Relations consistently engages with providers to ensure that service delivery is aligned with Access and Availability Standards across the network. The Data Integrity Unit, a Unit within Network Relations continues to establish projects and initiatives that facilitate After-Hours Availability with providers. This includes access to care educational campaigns and IPRO Survey Results Verifications that aided in identifying providers who did not meet access to care standards.</p> <p>In 2019, a total of 341 providers were surveyed for After-Hours Access to Care Standards of which 72.14% complied. Beginning 3<sup>rd</sup> quarter of 2020, MetroPlusHealth began reporting these trends on a quarterly basis. Non-compliant and unreachable providers who are identified by SPH Analytics are re-surveyed and re-educated; visual verifications are conducted for providers who cannot be surveyed telephonically. Visual Verifications that result in service location closures or provider updates are processed to the Credentialing Department for review; providers who are reached are educated on Access to Care Standards. Access to Care compliance trends are reported to the Quality Management and Quality Assurance Committees for review. Non-compliant providers are re-educated on After-Hours Access to Care Standards and are sent an <i>After-Hours Access to Care Plan of Correction</i>; review and approval of correction are conducted by Network Relations. Providers found to be non-compliant are added to the file that is sent to SPH for ongoing monitoring for a minimum of 6 months; continued non-compliance are sent to the Contracting Department for contract review.</p> <p>Additionally, to further improve member access to After-Hours Care, MetroPlusHealth has significantly improved the size of its Urgent Care network of providers adding over 140 locations within the service area. In April 2020, the Plan implemented its urgent care telehealth program through Amwell. MetroPlusHealth</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>expedited this rollout to provide critical access to care for its membership which was greatly impacted by the pandemic. The Plan leveraged an innovative multichannel engagement campaign which included fax blasts, email, direct mail, and office visits to swiftly inform providers of the availability of the new telehealth program and provided education on how to utilize the program.</p> <p>Network Relations also continues to educate providers on updating their demographic information and After-Hours Accessibility for members through multiple avenues which include office visits, email notifications, provider newsletters, MetroPlusHealth website, provider portal, and annual mailings. As always, Network Relations ensures that the Plan's providers remain active, educated, and updated so that we can offer our members the best service possible.</p> <p>Regarding the potential link between low performance on HEDIS®/QARR measures and low performance for CAHPS® measures associated with care received from specialists and provider communication with members, in 2020 MetroPlusHealth began surveying the caregivers of children after a behavioral health visit to gain a better understanding of their experience. Survey results were calculated using top-box scores (Excellent, Always, Very Satisfied, 9/10). There were 315 unique members that responded to the survey for a total of 394 completed surveys. Results show that areas of focus include appointment wait time (63.11%), rating of office staff (58.40%) and provider communication (63.51%). This information will be incorporated into MetroPlus' 2021 quality improvement strategy for measures such as Follow-Up Care for Children Prescribed ADHD Medication (ADD) and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Survey results were also shared with MetroPlus' Behavioral Health vendor, Beacon, to be used when developing improvement initiatives.</p> <p>Additionally, a team has been tasked with proactively working with our largest network provider to improve scheduling appointments through the provider's contact center. If issues arise an escalation process has been established to quickly address the issue. We have also</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>identified accountable contact center leadership who we can work with to resolve issues. They have also been encouraged to proactively notify MetroPlusHealth about any issues they may be experiencing so that we can assist in helping our members arrange access to needed care. MetroPlusHealth has also put in place a process to assist members to prepare for their upcoming appointments by making pre-appointment check-in calls to our members. The calls are an opportunity to prepare the member for the upcoming appointment so that they get the most out of their time with the doctor. MetroPlusHealth has also initiated a post-appointment survey to check how the appointment went and if the member has any additional needs that MetroPlusHealth can support.</p>

## Molina Healthcare of New York, Inc.

### Performance Improvement Project Findings

IPRO's validation of Molina's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

Molina aimed to improve member health outcomes by increasing early assessments which will lead to early interventions. The following PIP interventions were implemented in 2019:

#### Member-Focused Interventions:

- Educational mailings to eligible population in need of blood level testing or follow-up testing, in need of hearing screenings and in need of a well-child visit/developmental screening.
- Follow-up calls for members who have elevated blood levels and who have a gap in the lead screening for children (LSC).
- Follow-up calls to a list of members who did not pass hearing screening, were diagnosed with hearing loss who received successful telephone outreach.
- Follow-up calls from a list of members receiving mailings for developmental screenings.
- Follow-up calls to women in post-partum period to encourage attendance at well child visits.

#### Provider-Focused Interventions:

- Educational outreach to providers to ensure proper coding for screenings and/or blood level testing and developmental screenings.
- Contacting providers having 10 or more non-compliant members to provide education on the importance of early interventions.

#### MCP-Focused Interventions:

- Conducting educational outreach to birthing facilities to ensure awareness of coding practices and documentation of services rendered.
- Conducting outreach to Health Homes on the importance of lead screening, hearing testing and developmental screening.
- Conducting outreach to CBOs on the importance of lead screening, hearing testing and developmental screening.
- Education via Molina's social media accounts for members regarding lead screening.
- Implementing process improvements for documentation and reporting by creating SharePoint.
- Participating in community lead coalition to learn of potential new education, data or activities which can be used to implement new interventions.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	57.72%	45.23%	47%
Blood lead test: Age 2 years	67.61%	62.48%	70%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Blood lead test: Age 1 and 2 years	43.88%	44.75%	60%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	54.84%	50%	65%
Confirmed venous BLL of $\geq 5$ mcg/dl	5.13%	5.7%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	35.14%	35.71%	80%
Confirmed venous BLL $\geq 10$ mcg/dl	1.69%	2.04%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	46.43%	56.0%	80%
<b>Hearing Screening</b>			
Completed screening by 1 month of age	86.93%	91.48%	95%
Did not pass screening by 1 month of age	6.02%	3.72%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	Not Available	32.36%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	Not Available	20.0%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	Not Available	100%	100%
Completed hearing screening before 3 months of age	Not Available	91.83%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	Not Available	40%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	Not Available	100%	100%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	9.75%	31.95%	14.10%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	13.65%	31.24%	16.33%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	6.24%	23.56%	20.06%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	9.85%	28.93%	15%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.0%	0%	30%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0.0%	0%	15%



## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Attest Health Care Advisors indicated that Molina met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	82 ▼	93 ▲	97 ▲	90
WCC—BMI Percentile	73 ▼	91 ▲	94 ▲	88
WCC—Counseling for Nutrition	68 ▼	86 ▲	89 ▲	84
WCC—Counseling for Physical Activity	65 ▼	83 ▲	84 ▲	76
Childhood Immunizations—Combo 3	80 ▲	75	75	74
Lead Screening in Children	87	88	88	89
Adolescent Immunizations—Combo 2	47 ▲	44	44	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	54 ▼	75	75	71
Adolescents—Depression <sup>1</sup>	62	75 ▲	75 ▲	68
Adolescents—Sexual Activity <sup>1</sup>	53 ▼	68	68	68
Adolescents—Tobacco Use <sup>1</sup>	65	82 ▲	84 ▲	75
Breast Cancer Screening	70	69	70	71
Colorectal Cancer Screening	54 ▼	52 ▼	57 ▼	64
Chlamydia Screening (Ages 16-24)	72	75	76	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	82 ▼	86 ▼	83 ▼	89
Spirometry Testing for COPD	38 ▼	38 ▼	34 ▼	52
Use of Imaging Studies for Low Back Pain	73	74	75	79
Pharmacotherapy Management for COPD—Bronchodilators	91	83	91	89
Pharmacotherapy Management for COPD—Corticosteroids	82	82	86	76
Medication Management for People with Asthma 50% (Ages 19-64)	61	63	64	69
Medication Management for People with Asthma 50% (Ages 5-18)	50	55	51	60
Asthma Medication Ratio (Ages 19-64)	58	58	50	57
Asthma Medication Ratio (Ages 5-18)	61	70	63	66
Persistence of Beta-Blocker Treatment After a Heart Attack	SS	SS	SS	87
CDC—HbA1c Testing	90	94	94	93
CDC—HbA1c Control (<8%)	36 ▼	59	59	61
CDC—Eye Exam Performed	64	64	72	68
CDC—Nephropathy Monitor	89 ▼	90	91	93
CDC—BP Controlled (<140/90 mm Hg)	57 ▼	67	75 ▲	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	80	78		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	90 ▼	90 ▼		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Appropriate Treatment for URI	96	96	88	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	30	32	42	48
HIV Viral Load Suppression <sup>1</sup>	80	86	80	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	45		49	46
Advising Smokers to Quit <sup>2</sup>	77		70	79
Smoking Cessation Medications <sup>2</sup>	63		52	62
Smoking Cessation Strategies <sup>2</sup>	54		46	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	45 ▼	41 ▼	45 ▼	54
Antidepressant Medication Management—Effective Continuation Phase	33	28 ▼	32	38
Follow-Up Care for Children on ADHD Medication—Initiation	61	97 ▲	99 ▲	58
Follow-Up Care for Children on ADHD Medication—Continue	77	85 ▲	70	67
Follow-Up After Hospitalization for Mental Illness—30 Days	61 ▼	76	69	79
Follow-Up After Hospitalization for Mental Illness—7 Days	43 ▼	68	53	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	78	72 ▼	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	SS	SS	SS	80
Antipsychotic Medications for Schizophrenia	52	44 ▼	48	64
Utilization				
Well-Child Visits—First 15 Months	62 ▼	79	71	69
Well-Child Visits—3 to 6 Year Olds	79 ▼	80 ▼	80 ▼	85
Adolescent Well-Care Visits	62 ▼	60 ▼	61 ▼	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	97%	99 ▲	98	97
25 Months-6 Years	93% ▼	92 ▼	91 ▼	94
7-11 Years	96%	96	96	97
12-19 Years	96%	95	94	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	85% ▲	82	80 ▼	82
45-64 Years	91%	89	88	89
65+ Years	90%	91	91	92
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	78% ▼	82 ▼		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Postpartum Care	56% ▼	62 ▼	80	83
Annual Dental Visit <sup>4</sup>	53% ▼	50 ▼	53 ▼	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	7%	7%
Prenatal Care in the First Trimester	66% ▼	66% ▼	61%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	13%	-	9%	13%
Vaginal Birth After Cesarean	23%	-	21%	14%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that Molina was fully compliant with ten of the 11 federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	D=1, C=1
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

### Evaluation of MCP Compliance with NYS Operational Standards

For the operational survey, Molina was in compliance with 12 of the 14 categories. The categories in which Molina was not compliant were Service Delivery Network (2 citations), and Utilization Review (1 citation). For the focused reviews, Molina was in compliance with 13 of the 14 categories. The category in which Molina was not compliant was Organization and Management (1 citation).

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	0	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	0		
Medical Records	0	0		
Member Services	0	0		
Organization and Management	0	1	Other	1
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	2	0		
Utilization Review	1	0		
<b>Total</b>	<b>3</b>	<b>1</b>		

### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	Molina	Statewide Average	Molina	Statewide Average	Molina	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	82	80	77	80	70	79
Coordination of Care <sup>1</sup>	80	80	84	81	85	81
Customer Service <sup>1</sup>	81	84	82	86	83	87
Flu Shots for Adults Ages 18-64	46 ▲	40	45	42	49	46
Getting Care Needed <sup>1</sup>	78	79	83	79	80	81
Getting Care Quickly <sup>1</sup>	79	80	78	78	79	81
Getting Needed Counseling/Treatment	75	74	66	69	62	71
Rating of Counseling/Treatment	68	64	58	60	45 ▼	62
Rating of Healthcare	76	75	78	77	67 ▼	75
Rating of Health Plan	76	76	72	76	72	76
Rating of Health Plan—	76	77	70 ▼	80	69	77

Measure	2015		2017		2019	
	Molina	Statewide Average	Molina	Statewide Average	Molina	Statewide Average
Medicaid						
High Users						
Recommend Plan to Family/Friends	90	93	88 ▼	92	86 ▼	91
Satisfaction with Personal Doctor <sup>1</sup>	81	80	85	81	84	81
Satisfaction with Provider Communication <sup>1</sup>	87	91	88	91	92	92
Satisfaction with Specialist	83	80	86	80	84	82
Shared Decision Making <sup>1</sup>	78	79	83	80	87 ▲	80
Wellness Discussion	72	68	75	72	68	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, Molina continues to have a rate significantly better than the SWA for the *Adult BMI assessment, WCC - (BMI Percentile, Counseling for Nutrition, and Counseling for Physical Activity), Childhood Immunizations - Combo 3 , Adolescents - Depression and Adolescents - Tobacco Use* measures.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rate for the *CDC—BP Controlled (<140/90 mm Hg)* measure was significantly better than the SWA in 2019.
- In regard to the HEDIS®/QARR behavioral health measures, Molina had a rate better than the SWA for the *Follow-Up Care for Children on ADHD Medication (Initiation)* measure in 2019.
- In regard to the Molina's Adult CAHPS® measures, the MCP's rate for *Shared Decision Making* was significantly better than the SWA in 2019.

### Opportunities for Improvement:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, Molina's rate for *Colorectal Cancer Screening* has been reported statistically worse than the SWA for at least three consecutive reporting years.
- In the HEDIS®/QARR Acute and Chronic Care domain, Molina continues to demonstrate opportunities for improvement for the *Testing for Children with Pharyngitis* and *Spirometry Testing for COPD* measures. These rates have reported rates significantly worse than the SWA for at least three consecutive reporting years.
- Molina's performance rate for the *Antidepressant Medication Management - Effective Acute Phase* measure was reported significantly worse than the SWA for three consecutive years. In 2019, the MCP's rate for the *Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds* was also worse than the SWA.

- Molina continues to demonstrate an opportunity for improvement in regard to the Access/Timeliness Indicators. The MCP's rates have been reported below the SWA for at least three consecutive reporting periods for the *Well-Child Visits—3 to 6 Year Olds*, *Adolescent Well-Care Visits*, *Children and Adolescents' Access to Primary Care Practitioners (Ages 25 Months – 6 Years)*, and *Annual Dental Visit* measures. In 2019, the MCP's rate for *Adults' Access to Preventive/Ambulatory Health Services (Ages 20-44 Years)* was significantly worse than the SWA.
- In 2019, Molina's rates for Adult CAHPS® measures were reported significantly worse than the SWA for the *Rating of Counseling/Treatment*, *Rating of Healthcare*, and *Recommend Plan to Family/Friends* measures.
- The MCP continues to demonstrate an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 1 citation from the focused review surveys related to Organization and Management. The MCP received 3 citations from the operational review surveys related to Service Delivery Network and Utilization Review.

#### **Recommendations:**

- Molina should continue with its current initiatives to address the HEDIS®/QARR measures that perform below the statewide average, such as colorectal cancer screenings, diagnostic testing for patients with acute and chronic diseases and medication management for members with behavioral health conditions. Although Molina's performance rates for colorectal cancer screenings and medication management for depression remains below the SWA, the MCP's rates have shown improvement. The MCP should continue with its current interventions targeting these measures. The MCP should routinely evaluate its current interventions to determine if rates are improving and to identify additional barriers to care. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. [Repeat recommendation.]
- As Molina continues to demonstrate opportunities to improve certain measures related to access to care, the MCP should conduct targeted root cause analyses for each measure and develop initiatives designed to address the true root cause(s) of poor performance. Additionally, the MCP should investigate if the low performance on access to care measures is related to the low performing measures for the 2019 Adult CAHPS® survey. [Repeat recommendation.]
- Molina should address the identified issues in the different categories in which citations were noted in the 2019 operational review. The MCP should ensure that all provider communications meet standards, including the provider manual and associated materials. The MCP should consider evaluating its provider directory to ensure accurate information is provided to members. The MCP should also consider providing additional oversight of all delegates to ensure all vendors are meeting utilization review standards.

#### **Assessment of MCP Follow-up on Prior Recommendations**

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
The MCP should continue to create and	In July 2020, Molina Healthcare, NY acquired YourCare

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>implement initiatives to address the HEDIS®/QARR measures that continue to perform below the statewide average, such as colorectal cancer screenings, testing and monitoring of patients with acute and chronic diseases and medication management for depression. The MCP should consider barriers to care such as, available appointment hours conflicting with member work hours, transportation issues, and cultural beliefs regarding mental health treatments. The MCP should routinely evaluate its current interventions to determine if rates are improving and to identify additional barriers to care. <i>[Repeat recommendation.]</i></p>	<p>Health Plan, adding 46,000 members to their geographical footprint.</p> <p>The Quality Improvement (Assurance) Department grew from 3 team members to 7. Previously, most of the interventions were provider driven. The addition of the new team members added member interventions- 4 of the new team members are nurses- the interventions became more clinically focused. The partnering between member, plan and provider is expected to improve outcomes.</p> <p>A member incentive program was added. Incentives of \$25 gift cards to Walmart were given to members who completed preventive screening measures such as Breast Cancer, Cervical Cancer, and Colon Cancer screening measures. Members completing Diabetes measures (A1c and Dilated Eye Exam) were also awarded gift cards. Molina realized the importance of linking members to primary care and a gift card was mailed after completion of an adult wellness and child wellness visits for ages 3-6 years old and 12-17 years old. Outreach calls were made by the clinical team to provide education and reminder about incentive programs.</p> <p>After review of the Molina Healthcare, 2019 population assessment, it was uncovered, that 45% are &lt; 20 years of age and 54% are female. A Pediatric and Women's' Health Program were developed to address the need physical and mental health needs of these populations. Value Based Provider Programs were reconfigured to address low performing measures. Provider / member interventions supported each other. Provider education was offered and well received. The education helped staff to address member needs and help close gaps in care. The partnership between member, provider and the plan was strengthens to meet needs and improve halvah outcomes.</p> <p>Community based organizations supported the Molina aim to improve care and address needs of the population. Barriers to addressing social determinants of health were identified.</p> <p>The plan uses HEDIS/QARR rates and CAHPS scores to</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>monitor effectiveness of interventions. In July 2020, Molina (corporate intervention) contracted with new HEDIS vendor. This implementation prevented rate tracking to monitor interventions. In 2021, the new HEDIS engine is fully functional and rate monitoring has begun. Molina mails a corporate CAHPS survey in the Spring of each year and scores are analyzed Q 3 and new interventions launched based on results.</p> <p>To improve relationships between member and providers, Molina NY, launched a program in Q1 2021, to improve effectiveness of the office visit. Member received education about preparing for the appointment and practices received training about appointment booking, decreasing barriers to care (transportation issues, receptionist asked to book future appointments for member (i.e. specialist) and providers were educated about survey questions. All practices completed Cultural Competencies training to improve understanding of cultural beliefs and how the beliefs affect healthcare. Practices completed training by Q1 2021 and this was tracked by Provider Relations and Compliance.</p> <p>Note: In March 2020, COVID 19 prevented many of the planned interventions. Telephonic interventions were the preferred method of communication with members. The clinical team focused on telephonic education. Targeted calls were made to members with diabetes.</p>
<b><i>Access to/Timeliness of Care</i></b>	
<p>The MCP should evaluate its provider network to determine its impact on members accessing care. In 2018, the MCP's ratio of enrollees to Medicaid providers indicates that the MCP has fewer providers per enrollee. Also, with the MCP's Medicaid population consisting of a large number of members aged 5-14 years and 20-44 years, the MCP should consider increasing the number of Primary Care Providers (PCPs). There should be a focus on increasing the number of Pediatricians and Internal Medicine PCPs. With the MCP's poor performance in appointment rates for Primary Care and OB/GYN providers during Non-Urgent calls, the MCP should develop a process to identify providers who did not</p>	<p>Focusing on PCP network adequacy, the BH termination of our vendor in 2018 as well as the children's BH carve in, helped Molina Healthcare identify the downstream need to add more physicians to our network. We have added approximately 1800 groups which is a mix of PCP's, Specialists, and clinics. That equates to approximately 19,000 individual NPI's.</p> <p>Molina Healthcare of New York (MHNY) routinely monitors its network physicians and performs annual analysis of access data to ensure the provision of appropriate access to primary, and behavioral health appointments. Compliance and performance rates are evaluated annually against access standards and goals. Molina used a telephonic survey to conduct the audit in 2020. Participants were asked about appointment availability for various medical appointment based on</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as; provider portal notifications, quarterly provider newsletters and monthly meetings.</p>	<p>Molina's access standards. Additionally, office wait times and after hours access were assessed. 97% had a wait time of the 15 min or less and BH 96% 15 minutes or less. For Primary Care we exceeded the standard compliance goal of 75% for access and right on 75% for Behavioral Health. Any education is conducted within 1 month of the completed survey. The 2021 Audit for all A&amp;A standards is currently underway with a second one being completed 2<sup>nd</sup> quarter for the carve in benefits. All providers are educated of A&amp;A standards upon new orientation, reminders minimally twice a year via newsletters, portal, website, email blasts &amp; monthly group meetings.</p>
<p>As the MCP continues to struggle to improve certain measures related to access to care, the MCP should conduct targeted root cause analyses for each measure and develop initiatives designed to address the true root cause(s) of poor performance. Additionally, the MCP should investigate if the low performance on access to care measures is related to the low performance for the Child CAHPS® measure <i>Getting Care Quickly</i>. [Repeat recommendation.]</p>	<p>Note: In March 2020, COVID 19 prevented many of the planned interventions. Telephonic interventions were the preferred method of communication with members. The clinical team focused on telephonic education, outreach to parents and scheduling telehealth visits. Molina Healthcare did conduct root cause analysis of low performing child and adolescent measures. Molina placed a stronger emphasis on getting annual visits. The incentive program for a wellness visit is more inclusive-targeting ages 3-6 and 12-17 years of age. Value Based Providers added pediatric measures to their suite of performance metrics. The practices partnered with Molina = Molina provided telephonic outreach and the Care Connection Program. Offices were encouraged to use telehealth visits to close gaps in care.</p> <p>Pediatric offices have seen an increased in visits in last few months. Molina will continue to support parents and children to improve access to care.</p> <p>The plan uses HEDIS/QARR rates and CAHPS scores to monitor effectiveness of interventions. In July 2020, Molina (corporate intervention) contracted with new HEDIS vendor. This implementation prevented rate tracking to monitor interventions. In 2021, the new HEDIS engine is fully functional and rate monitoring has begun. Molina mails a corporate CAHPS survey in the Spring of each year and scores are analyzed Q 3 and new interventions launched based on results.</p> <p>To improve relationships between member and providers, Molina NY, launched a program in Q1 2021, to improve effectiveness of the office visit. Member</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>received education about preparing for the appointment and practices received training about appointment booking, decreasing barriers to care (transportation issues, receptionist asked to book future appointments for member (i.e. specialist) and providers were educated about survey questions.</p> <p>Education was provided to the offices at time of Value Based meetings- “Quality Commercials” provided education about pediatric measures and discussed the NYS Performance Improvement Program (PIP) for KIDS. Member education was mailed to parents with incentive offer, post-partum information which included a magnet about visit frequency and a member newsletter.</p> <p>The KIDS PIP added an outreach program to address children who failed screening and support parents- helping link children to care. There is also a telephonic outreach program to support parents of children recently prescribed ADHD medication. The outreach program allowed Molina to uncover any barriers to care- appointment scheduling, inability to navigate healthcare system and transportation- barriers were addressed at time of call.</p> <p>Molina Healthcare has made improving the survey addressing Consumer Assessment of Healthcare Providers and Systems (CAHPS) rates a corporate goal. Programs are in place to increase response rate, improve rating of health plan and provide education to employees and providers about the importance of CAHPS.</p>

### Performance Improvement Project Findings

IPRO's validation of MVP's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*.

MVP aimed to improve the rates of screening for blood lead levels, newborn hearing, developmental status, and autism for MVP members enrolled in Medicaid MMC and CHP and to ensure follow-up testing or referral services for children with abnormal screening results. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Outreach to caregivers telephonically or by mail to provide education and to assist with the coordination of care.
- Reminder mailings send to caregivers of members who are due for a blood lead test and/or follow-up or confirmatory test.
- Sending mailing annually to caregivers of all children in the eligible population outlining the importance of newborn hearing screening and follow up.
- Educational mailing for members with information on the importance of developmental screening and the recommended screening schedule.
- Sending letters to caregivers of children who are due for one or more developmental screenings.

#### Provider-Focused Interventions:

- Provision of educational material to MVP Primary Care providers, provider-office laboratories (POLs) and Laboratories that are CLIA certified to perform blood lead level testing on how to how to navigate NYSIS including utilization of the point of care device tool.
  - Outreach by Professional Relations staff to providers of members with a recent blood lead level between 5-10mcg/dl to notify of the result and advise on the need for a follow-up confirmatory venous blood draw.
  - Distributing provider newsletters quarterly including information on newborn hearing screening requirements and referral services for audiology and EHDI services.
  - Telephonic outreach to providers/provider groups of children who failed the initial hearing screening and did not have a follow-up audiological exam on file or were diagnosed with hearing loss and not referred to EI services.
- Providing tools and resources to all providers via newsletters, fast faxes and mailing regarding the developmental screening tools, coding guidelines and follow-up documentation.

#### MCP-Focused Interventions:

- Running a Childhood Development Services Needed Report for BLL testing based on member data through NYSIS and providing gaps in care reports to provider groups.
- Outreach to providers and/or caregivers of members whose BLL was >10mcg/dl to by the case management staff to notify of the result, provide education and advise on follow-up tests.

- Supplying educational documentation to providers via fast faxes semi-annually and Healthy Practices newsletters annually to reiterate the requirement of immunizations and BLL, health impacts with blood lead levels <5mcg/dl and importance of lead testing and exposure prevention to caregivers.
- Expanding the existing Little Footprints post-partum maternity assessments to include a blood lead screening and newborn hearing screening questions.
- Developing a discharge report log with missed entries, to provide to the birthing facilities with the highest number of missing results in EHDI for newborn hearing screening of eligible population with a letter reminding them of their obligations under PHL to ensure all results are reported and to ensure follow-up for infants who miss or did not pass their initial hearing screen according to Public Health Law.
- Sending fast-fax to maternity hospitals and birthing facilities annually to remind them of the newborn hearing screening and referral requirements.
- Running a report based off the member level data obtained from EHDI to identify children in the eligible population who did not receive an initial hearing screening, who did not pass a hearing screening or who were diagnosed with hearing loss and were not referred to EI services, to assist with the coordination of care and to ensure follow-up testing and a referral to EI services.
- Working with targeted practices with a high volume of members less than 3 years of age who are performing well to identify best practices.
- Sharing best practices with targeted providers performing poorly on this measure.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	44%	70%	74%
Blood lead test: Age 2 years	42%	68%	82%
Blood lead test: Age 1 and 2 years	31%	47%	51
Confirmatory venous blood lead test for capillary BLL $\geq$ 5mcg/dl, within 3 months	66%	32%	76%
Confirmed venous BLL of $\geq$ 5mcg/dl	2%	1%	Not Available
Confirmed venous BLL of $\geq$ 5mcg/dl, follow-up test within 3 months	26%	29%	65%
Confirmed venous BLL $\geq$ 10mcg/dl	0.5%	0.08%	Not Available
Confirmed venous BLL $\geq$ 10mcg/dl, follow-up test within 1 month	22%	13%	65%
<b>Hearing Screening</b>			
Completed screening by 1 month of age	99%	89%	99%
Did not pass screening by 1 month of age	2%	2%	Not Available
Did not pass screening by 1 month of age; had a diagnostic	60%	54%	75%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
audiological evaluation by 3 months of age			
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	18%	22%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	23%	33%	40%
Completed hearing screening before 3 months of age	91%	93%	95%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	62%	50%	77%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	6%	10.5%	40%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	10%	11%	20%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	13%	34%	43%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	19%	27%	34%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	15%	24%	30%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	1%	10%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	10%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that MVP met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	84	93 ▲	93 ▲	90
WCC—BMI Percentile	87 ▲	88	88	88
WCC—Counseling for Nutrition	84	82	82	84
WCC—Counseling for Physical Activity	74	74	74	76
Childhood Immunizations—Combo 3	77	82 ▲	82 ▲	74
Lead Screening in Children	91	88	89	89

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Adolescent Immunizations—Combo 2	42	44	46	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	65	67	67	71
Adolescents—Depression <sup>1</sup>	60	65	65	68
Adolescents—Sexual Activity <sup>1</sup>	59	63	63	68
Adolescents—Tobacco Use <sup>1</sup>	72	78	78	75
Breast Cancer Screening	68 ▼	66 ▼	67 ▼	71
Colorectal Cancer Screening	54 ▼	58 ▼	58 ▼	64
Chlamydia Screening (Ages 16-24)	72 ▼	72 ▼	71 ▼	76
Effectiveness of Care: Acute and Chronic Care				
Testing for Children with Pharyngitis	93 ▲	91	89	89
Spirometry Testing for COPD	40 ▼	47 ▼	44 ▼	52
Use of Imaging Studies for Low Back Pain	71 ▼	71 ▼	76 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	86	86	89	89
Pharmacotherapy Management for COPD—Corticosteroids	80	75	79	76
Medication Management for People with Asthma 50% (Ages 19-64)	62 ▼	68	56 ▼	69
Medication Management for People with Asthma 50% (Ages 5-18)	52 ▼	55 ▼	50 ▼	60
Asthma Medication Ratio (Ages 19-64)	61	64	57	57
Asthma Medication Ratio (Ages 5-18)	70 ▲	72 ▲	70 ▲	66
Persistence of Beta-Blocker Treatment After a Heart Attack	80	75	86	87
CDC—HbA1c Testing	89	95	95	93
CDC—HbA1c Control (<8%)	58	55	55 ▼	61
CDC—Eye Exam Performed	56 ▼	65	65	68
CDC—Nephropathy Monitor	91	92	92	93
CDC—BP Controlled (<140/90 mm Hg)	66	71 ▲	71	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	80	78		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	90 ▼	90 ▼		
Appropriate Treatment for URI	95	96 ▲	90 ▲	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	29 ▼	32	50	48
HIV Viral Load Suppression <sup>1</sup>	85 ▲	85 ▲	87 ▲	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	39		43	46
Advising Smokers to Quit <sup>2</sup>	82		72	79
Smoking Cessation Medications <sup>2</sup>	60		59	62
Smoking Cessation Strategies <sup>2</sup>	48		64	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	51	50	51	54

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Antidepressant Medication Management—Effective Continuation Phase	37	35	36	<b>38</b>
Follow-Up Care for Children on ADHD Medication—Initiation	51 ▼	51 ▼	48 ▼	<b>58</b>
Follow-Up Care for Children on ADHD Medication—Continue	56 ▼	61	52 ▼	<b>67</b>
Follow-Up After Hospitalization for Mental Illness—30 Days	79	69 ▼	73 ▼	<b>79</b>
Follow-Up After Hospitalization for Mental Illness—7 Days	62	56 ▼	56 ▼	<b>64</b>
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	82	83	82	<b>82</b>
Diabetes Monitoring for People with Diabetes and Schizophrenia	79	78	81	<b>80</b>
Antipsychotic Medications for Schizophrenia	66	62	58	<b>64</b>
Utilization				
Well-Child Visits—First 15 Months	69	86 ▲	74 ▲	<b>69</b>
Well-Child Visits—3 to 6 Year Olds	84 ▼	85 ▼	87	<b>85</b>
Adolescent Well-Care Visits	67 ▼	67 ▼	70 ▲	<b>69</b>
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	98% ▲	98 ▲	98 ▲	<b>97</b>
25 Months-6 Years	95% ▲	95 ▲	95 ▲	<b>94</b>
7-11 Years	98% ▲	97	98 ▲	<b>97</b>
12-19 Years	97% ▲	96 ▲	96 ▲	<b>95</b>
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	83% ▲	84 ▲	84 ▲	<b>82</b>
45-64 Years	89%	89	89	<b>89</b>
65+ Years	89%	91	91	<b>92</b>
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	83% ▼	85		
Postpartum Care	69%	67	80	<b>83</b>
Annual Dental Visit <sup>4</sup>	66% ▲	67 ▲	68 ▲	<b>62</b>

Note: Rows shaded in grey indicate that the measure is not required to be reported.

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>Medicaid</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	8%	<b>7%</b>
Prenatal Care in the First Trimester	79%	79%	76%	<b>73%</b>
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	13%	-	15%	<b>13%</b>
Vaginal Birth After Cesarean	11%	-	11%	<b>14%</b>
<b>Commercial</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	5%	-	5%	<b>4%</b>
Prenatal Care in the First Trimester	89%	89%	88%	<b>89%</b>
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	19%	-	13%	<b>18%</b>
Vaginal Birth After Cesarean	7%	-	18%	<b>10%</b>

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that MVP was fully compliant with all of the federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
<b>42 CFR 438.206: Availability of Services</b>	Met
<b>42 CFR 438.207: Assurances of adequate capacity and services</b>	Met
<b>42 CFR 438.208: Coordination and continuity of care</b>	Met
<b>42 CFR 438.210: Coverage and authorization of services</b>	Met
<b>42 CFR 438.214: Provider selection</b>	Met
<b>42 CFR 438.224: Confidentiality</b>	Met
<b>42 CFR 438.228: Grievance and appeal system</b>	Met
<b>42 CFR 438.230: Sub-contractual relationships and delegation</b>	Met
<b>42 CFR 438.236: Practice guidelines</b>	Met
<b>42 CFR 438.242: Health information systems</b>	Met
<b>42 CFR 438.330: Quality assessment and performance improvement program</b>	Met

### *Evaluation of MCP Compliance with NYS Operational Standards*

MVP was not issued any operational and focused review deficiencies in 2019.



Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	0	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	0	0
Utilization Review	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	MVP	Statewide Average	MVP	Statewide Average	MVP	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	84	80	82	80	72	79
Coordination of Care <sup>1</sup>	83	80	83	81	75	81
Customer Service <sup>1</sup>	88	84	92 ▲	86	94 ▲	87
Flu Shots for Adults Ages 18-64	40	40	39	42	43	46
Getting Care Needed <sup>1</sup>	87 ▲	79	83 ▲	79	84	81
Getting Care Quickly <sup>1</sup>	85 ▲	80	77	78	81	81
Getting Needed Counseling/Treatment	73	74	88 ▲	69	72	71
Rating of Counseling/Treatment	55	64	76 ▲	60	82 ▲	62
Rating of Healthcare	79 ▲	75	81	77	76	75
Rating of Health Plan	81 ▲	76	85 ▲	76	81 ▲	76
Rating of Health Plan—High Users	87 ▲	77	85	80	83	77
Recommend Plan to Family/Friends	94	93	94	92	92	91
Satisfaction with Personal Doctor <sup>1</sup>	80	80	85 ▲	81	82	81
Satisfaction with Provider Communication <sup>1</sup>	93 ▲	91	93	91	93	92
Satisfaction with Specialist	83	80	81	80	81	82

Measure	2015		2017		2019	
	MVP	Statewide Average	MVP	Statewide Average	MVP	Statewide Average
Shared Decision Making <sup>1</sup>	83	79	80	80	83	80
Wellness Discussion	67	68	72	72	72	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, MVP continues to have rates significantly better than the SWA for the *Adult BMI Assessment* and *Childhood Immunizations - Combo 3* measures.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, MVP's rates for *Asthma Medication Ratio (Ages 5-18)* and *HIV Viral Load Suppression* measures had rates significantly better than the SWA for three consecutive years. In 2019, the MCP's rate for *Appropriate Treatment for URI* was better than the SWA.
- In regard to the Access/Timeliness Indicators, MVP's rate for *Well-Child Visits in the First 15 Months of Life*, *Adolescent Well-Care Visits*, and *Children and Adolescents' Access to PCPs (Ages 7-11 Years)* were significantly better than the SWA in 2019. While the rates for *Children and Adolescents' Access to PCPs (Ages 12-24 Months, 25 Months -6 Years & 12-19 Years)*, *Adults' Access to Preventive/Ambulatory Services (Ages 20-44 Years)* and *Annual Dental Visit* has been reported above the SWA for three consecutive reporting years.
- MVP's Adult CAHPS® measures were reported significantly better than the SWA for *Customer Service*, *Rating of Counseling/ Treatment* and *Rating of Health Plan*.
- MVP was not issued any operational or focused review deficiencies in 2019.

### Opportunities for Improvement:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, MVP continues to demonstrate opportunities for improvement for *Breast Cancer Screening*, *Colorectal Cancer Screening*, and *Chlamydia Screening (Ages 16-24)*. The rates have been reported significantly worse than the SWA for at least three consecutive reporting years.
- In the HEDIS®/QARR Acute and Chronic Care domain, MVP continues to demonstrate opportunities for improvement for *Spirometry Testing for COPD*, *Use of Imaging Studies for Low Back Pain*, and *Medication Management for People with Asthma 50% (Ages 5-18)*. These measures had rates significantly worse than the SWA for three consecutive years. In 2019, the MCP had rates below the SWA for the *Medication Management for People with Asthma 50% (Ages 19-64)* and *CDC—HbA1c Control (<8%)* measures.
- MVP continues to demonstrate an opportunity for improvement in regard to Behavioral Health measures. The MCP had rates statistically worse than the SWA for *Follow-Up Care for Children on ADHD Medication – (Initiation & Continuation)* and *Follow-Up After Hospitalization for Mental Illness – (7 Days & 30 Days)*.

### Recommendations:

- MVP continues to demonstrate opportunities for improvement with preventative screening measures. Although the MCP has initiated interventions that target these measures the performance rates remain significantly worse than the SWA. The MCP should continue to conduct measure-specific barrier analysis to determine factors preventing members from accessing preventative care and develop interventions that target providers and members. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. [Repeat recommendation.]

MVP should continue to work to improve HEDIS®/QARR measures for behavioral health and acute and chronic conditions that continuously perform below the SWA. MVP should consider evaluating its provider network for inadequacies that can affect members accessing care. In addition to telephonic case management programs, the MCP should also consider providing members with a peer lead evidence based chronic disease self-management program.

### Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
The MCP continues to struggle with certain prevention and screening measures. With the rate for breast cancer screenings and chlamydia screenings in women consistently below the statewide average, the MCP should continuously evaluate current interventions to determine how effective these interventions are at targeting women's health needs. In addition to women's health needs, the MCP should continue to conduct measure-specific barrier analysis to determine factors preventing members from seeking or receiving preventative screenings, such as cultural barriers that prevent members from seeking care, member education on when screenings are recommended, or lack of available appointment times.	Prevention and screening measures are critical to member wellness. MVP has undertaken activities to increase performance in these measures, including for breast cancer screening and chlamydia screenings. These measures were included in member and provider financial incentive programs for the Medicaid population as well as in our value-based contract arrangements for the same population. To support providers in managing prevention gaps, MVP provides network-wide gaps-in-care reporting to providers. MVP has also made member gaps information more widely available to members by feeding it into the MVP member portal to alert members of services needed. Additionally, MVP developed and released a women's wellness mailer that spoke to the importance of prevention screenings, including these measures. Educational articles are included in Provider and member facing newsletters as well as social media posts targeted during awareness months. MVP has also developed predictive analytical models that leveraged quality performance, claims, risk, and social data to help identify whether members are likely to become compliant, as well as some of the barriers to care they may be experiencing. This enables MVP to develop more targeted initiatives for these measures such as

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>partnering with providers in certain geographical areas that have mobile mammography capabilities to bring the services to our members.</p> <p>MVP routinely monitors performance for prevention screening measures leveraging month over month and year over year performance data. MVP also monitors performance for the patient panels attributed to in-network PCPs through automated reporting capabilities. MVP engages and partners with providers for which performance is dropping to collaborate on improvement strategies.</p>
<p>The MCP should continue to work to improve those HEDIS®/QARR measures that continuously perform below the statewide average. The MCP should routinely evaluate the current interventions such as, the provider and member incentives to determine its effectiveness. The MCP should consider including additional member outreach through community events, use of Community Health Workers to engage members in the home and utilizing Pharmacists to educate members on medication management for chronic diseases.</p>	<p>MVP routinely monitors performance for measures leveraging month over month and year over year performance data. MVP also monitors performance for the patient panels attributed to in-network providers through automated reporting capabilities. Additionally, MVP has undertaken an evaluation of the effectiveness of interventions and made strategy adjustments as needed to increase performance. For at-risk measures, MVP works to include those in financial incentive programs through pay for performance programs and by leveraging value based contracting arrangements. MVP's value-based arrangements include working with community-based organizations that can assist members in managing social risk factors that could be impeding their ability to get care. MVP also identifies at-risk measures for priority in root-cause analysis to understand barriers and member segmentations that can help craft targeting interventions. Additionally, MVP's Pharmacy engagement team has partnered with Quality to focus on compliance to adherence measures by helping to engage members.</p>
<p>The MCP should continue its efforts to address the issues identified in the operational and focused review surveys. Specifically, the MCP should focus on determination letters, provider credentialing process and oversight of delegated functions <i>[Repeat recommendation.]</i></p>	<p>The first issue, which applies to four of the deficiencies identified, related to an MVP delegate, Beacon, engaging a third party, Prest Associates, to review clinical cases or perform Utilization Management for MVP members without approval from MVP or NYS. MVP required Beacon to discontinue using Prest Associates for MVP Utilization reviews, immediately. Beacon stopped engaging Prest Associates to perform clinical reviews for MVP members, immediately upon notification. (May 15, 2018). MVP's expectation, stated to Beacon, was that Prest Associates would not be engaged to perform utilization review for MVP members. To monitor effectiveness, MVP:</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<ul style="list-style-type: none"> <li>▪ obtained a signed attestation from Beacon confirming compliance.</li> <li>▪ performed quarterly audits to verify full compliance.</li> <li>▪ terminated its arrangement with Beacon on December 31, 2019 when behavioral health utilization management functions were brought in-house.</li> </ul> <p>Based on staff interview and review of credentialing files, MVP Health Plan did not credential 2 of 16 providers, from contract sample, within the required time frame of every three (3) years. MVP worked with its vendor team to replace our Credentialing Vendor in the next six months. The new vendor has a turnaround time of 14 days versus our previous vendor's turnaround time of 45 days. We anticipate replacing the vendor will greatly improve our ability to meet the credentialing workload. We have updated our policies and procedures to ensure that all files are entered properly. The comprehensive reporting dashboard that was created shows us any files that are nearing their due dates or past due so that these can be prioritized to work first. We are developing Robotic Process Automation that will reduce the manual work and allow our teams to get ahead on the credentialing and recredentialing files. We expect the automation processes to be live in the next three to four months. We have added temporary staff to help finish the work faster. Staff are working overtime hours to catch up on this work as well. We are implementing further process improvements to increase efficiency in processing files. Staff are trained regularly on any process improvements and best practices. Process documentation has been completely re-written with screenshots and video recordings where needed to help staff process files more efficiently. We expect the backlog to be cleared in 2 months and to be at least 3 months ahead of schedule by the end of 2021. To monitor our progress, we check our report dashboard daily to review incoming work and forecast any future work. We are also implementing a reporting dashboard that monitors the cycle time for each file, i.e.: how long from receipt of a file until completion, as well as the date due for recredentialing and the date of actual completion.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Based on Plan staff interview and case file review, the Plan failed to ensure its delegate Beacon included the detailed reason in easily understood language in the Final Determination notices in 5 of 10 Commercial/CHP Grievance cases. To address this issue, the Beacon Administrative Appeal Coordinators were retrained in August 2018 on effective written communication that could be easily understood. Protocols were put into place for the Beacon appeal supervisor to monitor member appeal notices to ensure the standards were being met. In addition, the Beacon quality appeal analyst received updated training and an enhanced audit tool to audit the appeal determination letters. From this action, MVP expects that the notification of its Appeals decisions will be clear and easy to understand. Following the audit and subsequent training set forth, MVP continued to monitor this process via delegation oversight with submission to MVP's Delegation Oversight committee. MVP's contract with Beacon Health ended on December 31, 2019. Therefore, effective January 1, 2020 the behavioral health appeals are now being processed by MVP's Appeals department.</p> <p>Based on staff interview and review of the Initial Adverse Determination Notices, the Plan and its delegates Beacon and Landmark failed to ensure the notice included a statement in the notice regarding the circumstances under which an appeal would be expedited in 12 of 18 Commercial/CHP pre-authorization or concurrent Utilization Review cases reviewed. Effective May 1, 2018 MVP's contact information was incorporated into the Medicaid Model notices as part of the 42 CFR 438 Service Authorization and Appeals (Mega Rule). In addition, MVP has worked with the delegates to ensure the MVP contact information is included in their Commercial/CHP letters. MVP's delegate Healthplex completed the updates to their letters on 8/31/18. All Appeal attachments for Initial Adverse Determination notifications will include MVP's contact information. MVP confirmed that its delegates implemented the updated appeal attachment and then reviewed cases in subsequent annual delegation oversight reviews.</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps																														
	<p>Note: MVP’s delegate Healthplex, which was identified in the 2018 NYS DOH Comprehensive audit did implement the correction, as agreed to in the remediation plan approved on November 6, 2018. MVP acknowledges that there was a similar issue identified in the 2020 NYS DOH Comprehensive audit with a different delegate, eviCore surrounding the URA agent name and direct phone number missing from the letters. EviCore updated their appeal letters on February 19, 2021. MVP will monitor these updates via the delegation oversight process with submission to MVP’s Delegation Oversight Committee.</p>																														
<b>Access to/Timeliness of Care</b>																															
<p>The MCP performed well in the HEDIS®/QARR Access to Care domain but reported below average rates for the well-child visit measures for 3–6-year-olds and adolescents, the MCP should investigate the factors that influence these measures. The MCP should consider analyzing provider documentation to verify if well-care visits are completed but incorrectly coded on claims.</p>	<p>EQR recommendations for RY 2017 and RY 2018 show MVP below the statewide average for WC 3-6 and Adol WC.</p> <p>MVP has actively worked to improve these measures and they have shown improvement from 2017 to 2019, with 2019 rates passing statewide average (see data below).</p> <table><tr><th colspan="3">WC 3-6 years</th></tr><tr><th></th><th>MVP</th><th>Statewide Average</th></tr><tr><td>MY2017</td><td>83.89%</td><td>85.09%</td></tr><tr><td>MY2018</td><td>84.68%</td><td>85.71%</td></tr><tr><td>MY2019</td><td>86.61%</td><td>85.90%</td></tr></table> <table><tr><th colspan="3">Adolescent WC</th></tr><tr><th></th><th>MVP</th><th>Statewide Average</th></tr><tr><td>MY2017</td><td>66.50%</td><td>68.31%</td></tr><tr><td>MY2018</td><td>66.51%</td><td>67.72%</td></tr><tr><td>MY2019</td><td>70.38%</td><td>69.34%</td></tr></table> <p>These measures were included in member and provider financial incentive programs for the Medicaid population as well as in our value-based contract arrangements for the same population. To support providers in managing prevention gaps, MVP provides network-wide gaps-in-care reporting to providers. MVP has also made member gaps information more widely available to members by feeding it into the MVP</p>	WC 3-6 years				MVP	Statewide Average	MY2017	83.89%	85.09%	MY2018	84.68%	85.71%	MY2019	86.61%	85.90%	Adolescent WC				MVP	Statewide Average	MY2017	66.50%	68.31%	MY2018	66.51%	67.72%	MY2019	70.38%	69.34%
WC 3-6 years																															
	MVP	Statewide Average																													
MY2017	83.89%	85.09%																													
MY2018	84.68%	85.71%																													
MY2019	86.61%	85.90%																													
Adolescent WC																															
	MVP	Statewide Average																													
MY2017	66.50%	68.31%																													
MY2018	66.51%	67.72%																													
MY2019	70.38%	69.34%																													

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>member portal to alert members of services needed. Targeted member mailers and call campaigns have been executed for these measures to help inform members of needed care. Educational articles are included in Provider and member facing newsletters as well as social media posts targeted during awareness months. Additionally, MVP identified a data issue with school-based health centers negatively impacting these measures. This data flow issue has been remedied and significantly helped improve performance.</p>



## New York Quality Healthcare Corporation, d/b/a Fidelis Care

### Performance Improvement Project Findings

IPRO's validation of Fidelis's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects*.

Fidelis aimed to implement access to early intervention programs, screenings and follow up care for at-risk children within 36 months of life to improve pediatric preventative screenings for lead, hearing and development from baseline to final measurement. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Providing caregivers with informational resources about routine age-appropriate tests covered by Medicaid.
- Outreach to caregivers of members in need of testing and/or follow-up to facilitate appointment scheduling.
- Conducting outreach to caregivers of patients who require diagnostic audiological evaluation or EI services.
- Educating caregivers about the importance of each step in follow-up.
- Ensuring that caregivers have the next follow-up appointment scheduled and identifying existing or potential barriers to appropriate follow-up.
- Providing caregivers a resource list and ensuring that providers refer infants diagnosed with permanent hearing loss to local EI Programs.
- Ensuring appropriate member education occurs regarding the associated risks of unidentified developmental, behavioral, and social delays.
- Outreach to members via member newsletters and post educational material and guidelines on member portal.

#### Provider-Focused Interventions:

- Educating providers using provider newsletters, provider portal and educational packages to high volume pediatricians.
- Fail lists provided to high volume providers on monthly basis for children until age 2, using them to identify patients in their practice who are not in compliance with the lead testing guidelines or who have blood lead test results that require follow-up.
- Educating providers and providing correct codes on submission of claims.
- Providing educational packages to providers, caregivers, specialists, and early intervention programs to coordinate appropriate screenings.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	66.1%	62.7%	71%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Blood lead test: Age 2 years	65.8%	64.9%	71%
Blood lead test: Age 1 and 2 years	41.4%	40.7%	45%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	19.0%	35.2%	24%
Confirmed venous BLL of $\geq 5$ mcg/dl	0.7%	1.1%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	23.8%	36.8%	55%
Confirmed venous BLL $\geq 10$ mcg/dl	0.3%	0.5%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	7.1%	22.5%	42.5%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	30.9%	31.4%	36%
Did not pass screening by 1 month of age	0.8%	3.1%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	54.6%	80.0%	83%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	32.4%	25.0%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	91.2%	85.7%	94%
Completed hearing screening before 3 months of age	77.9%	76.5%	83%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	64.4%	87.5%	90%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	92.3%	93.9%	95%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	21.6%	23.6%	25%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	29.5%	35.2%	35%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	13.2%	25.5%	18%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	21.5%	28.1%	25%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0.0%	2.3%	5%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0.0%	0.4%	2%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Aqurate Health Data Management, Inc. indicated that Fidelis met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	88	87	88	90
WCC—BMI Percentile	87	88	88	88
WCC—Counseling for Nutrition	84	83	83	84
WCC—Counseling for Physical Activity	74	72	72	76
Childhood Immunizations—Combo 3	74	69	69	74
Lead Screening in Children	88	88	88	89
Adolescent Immunizations—Combo 2	37	41	41	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	67	69	69	71
Adolescents—Depression <sup>1</sup>	59	62	62	68
Adolescents—Sexual Activity <sup>1</sup>	64	69	69	68
Adolescents—Tobacco Use <sup>1</sup>	73	74	74	75
Breast Cancer Screening	71	70 ▼	70 ▼	71
Colorectal Cancer Screening	61	61	62	64
Chlamydia Screening (Ages 16-24)	72 ▼	74 ▼	72 ▼	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	93 ▲	93 ▲	92 ▲	89
Spirometry Testing for COPD	59 ▲	61 ▲	58 ▲	52
Use of Imaging Studies for Low Back Pain	72 ▼	73 ▼	76 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	89	89	89	89
Pharmacotherapy Management for COPD—Corticosteroids	79 ▲	79 ▲	79 ▲	76
Medication Management for People with Asthma 50% (Ages 19-64)	72 ▲	72 ▲	69	69
Medication Management for People with Asthma 50% (Ages 5-18)	61 ▲	62 ▲	63 ▲	60
Asthma Medication Ratio (Ages 19-64)	63 ▲	63 ▲	57	57
Asthma Medication Ratio (Ages 5-18)	73 ▲	72 ▲	70 ▲	66
Persistence of Beta-Blocker Treatment After a Heart Attack	92 ▲	81	89	87
CDC—HbA1c Testing	91	92	92	93
CDC—HbA1c Control (<8%)	64 ▲	63	63	61
CDC—Eye Exam Performed	72 ▲	62 ▼	65	68
CDC—Nephropathy Monitor	94	93	93	93
CDC—BP Controlled (<140/90 mm Hg)	59	70	70	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	84	82		
Monitor Patients on Persistent	93 ▲	93 ▲		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Medications—Total Rate <sup>3</sup>				
Appropriate Treatment for URI	96 ▲	95	88 ▼	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	36 ▲	36	47 ▼	48
HIV Viral Load Suppression <sup>1</sup>	76	77	78	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	37 ▼		42	46
Advising Smokers to Quit <sup>2</sup>	84		82	79
Smoking Cessation Medications <sup>2</sup>	56		67	62
Smoking Cessation Strategies <sup>2</sup>	51		53	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	54 ▲	54 ▲	56 ▲	54
Antidepressant Medication Management—Effective Continuation Phase	38	38	40 ▲	38
Follow-Up Care for Children on ADHD Medication—Initiation	59	60	58	58
Follow-Up Care for Children on ADHD Medication—Continue	67	67	68	67
Follow-Up After Hospitalization for Mental Illness—30 Days	79 ▲	74	82 ▲	79
Follow-Up After Hospitalization for Mental Illness—7 Days	63	63	67 ▲	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	82	82	82	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	81	81	82	80
Antipsychotic Medications for Schizophrenia	64	63	65	64
Utilization				
Well-Child Visits—First 15 Months	66 ▼	88 ▲	67 ▼	69
Well-Child Visits—3 to 6 Year Olds	84 ▼	85	84 ▼	85
Adolescent Well-Care Visits	66 ▼	69	67 ▼	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	98 ▲	98 ▲	98 ▲	97
25 Months-6 Years	95 ▲	94	95 ▲	94
7-11 Years	97	97	97	97
12-19 Years	96 ▲	95	95	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	82	81	84 ▲	82
45-64 Years	90	89	90 ▲	89
65+ Years	92 ▲	92 ▲	93 ▲	92
Access to Other Services				

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Timeliness of Prenatal Care <sup>3</sup>	90	89		
Postpartum Care	73	69	82	<b>83</b>
Annual Dental Visit <sup>4</sup>	62 ▲	61	63 ▲	<b>62</b>

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>NYC</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	7%	-	7%	7%
Prenatal Care in the First Trimester	77%	77%	76%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	15%	-	15%	14%
Vaginal Birth After Cesarean	22%	-	22%	20%
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	7%	-	7%	7%
Prenatal Care in the First Trimester	74%	74%	73%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	12%	-	12%	13%
Vaginal Birth After Cesarean	15%	-	15%	14%

*Note: Some of the 2017 rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that Fidelis was fully compliant with all of the federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

#### *Evaluation of MCP Compliance with NYS Operational Standards*

Fidelis did not have any deficiencies issued for the operational or focused reviews in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	0	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	0	0
Utilization Review	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

#### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	Fidelis	Statewide Average	Fidelis	Statewide Average	Fidelis	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	69 ▼	80	84	80	82	79
Coordination of Care <sup>1</sup>	73 ▼	80	75	81	83	81
Customer Service <sup>1</sup>	85	84	86	86	93 ▲	87
Flu Shots for Adults Ages 18-64	35 ▼	40	37 ▼	42	42	46
Getting Care Needed <sup>1</sup>	78	79	80	79	79	81
Getting Care Quickly <sup>1</sup>	76	80	80	78	79	81
Getting Needed Counseling/Treatment	71	74	70	69	SS	71
Rating of	56	64	57	60	SS	62

Measure	2015		2017		2019	
	Fidelis	Statewide Average	Fidelis	Statewide Average	Fidelis	Statewide Average
Medicaid						
Counseling/Treatment						
Rating of Healthcare	69 ▼	75	78	77	72	75
Rating of Health Plan	71 ▼	76	77	76	77	76
Rating of Health Plan—High Users	70	77	77	80	81	77
Recommend Plan to Family/Friends	91	93	94 ▲	92	90	91
Satisfaction with Personal Doctor <sup>1</sup>	78	80	81	81	81	81
Satisfaction with Provider Communication <sup>1</sup>	90	91	93	91	92	92
Satisfaction with Specialist	75	80	80	80	87	82
Shared Decision Making <sup>1</sup>	73 ▼	79	82	80	83	80
Wellness Discussion	65	68	81 ▲	72	75	75

SS: Sample size too small to report.

<sup>1</sup>These indicators are composite measures

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, the MCP's rates for *Testing for Children with Pharyngitis*, *Spirometry Testing for COPD*, *Pharmacotherapy Management for COPD—Corticosteroids*, *Medication Management for People with Asthma 50% (Ages 5-18)*, and *Asthma Medication Ratio (Ages 5-18)* were reported significantly better than the SWA for three consecutive years.
- In regard to the HEDIS®/QARR Behavioral Health measures, the MCP's rate for *Antidepressant Medication Management - Effective Acute Phase* was significantly better than the SWA for three consecutive years. In 2019, the MCP had performance rates for *Antidepressant Medication Management - Effective Continuation Phase* and *Follow-Up After Hospitalization for Mental Illness – (7 Days & 30 Days)* were above the SWA.
- In regard to the Access/Timeliness Indicators, the MCP's rate for HEDIS®/QARR *Children and Adolescents' Access to PCPs (Ages 12-24 Months & 7-11 Years)*, *Adults' Access to Preventive/Ambulatory Services (20-44 Years, 45-64 Years, & 65+ Years)*, and *Annual Dental Visit* were reported significantly better than the SWA in 2019.
- Fidelis' rate for 2019, the *Customer Service Adult CAHPS®* measure was statistically better than the SWA.
- No deficiencies were issued to Fidelis from the 2019 operational and focused reviews.

### Opportunities for Improvement:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, the MCP's rate for Chlamydia Screening (Ages 16-24) was reported significantly below the SWA for three consecutive years. In 2019, the MCP's rate for Breast Cancer Screening was also below the SWA.
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP's rate for *Use of Imaging Studies for Low Back Pain* was significantly worse than the SWA for three consecutive years. In 2019, the MCP's rates for *Appropriate Treatment for URI* and *Avoidance of Antibiotics for Adults with Acute Bronchitis* were reported below the SWA.
- Fidelis demonstrates an opportunity for improvement in regard to the Access/Timeliness Indicators. The MCP's rates for the *Well-Child Visits—First 15 Months*, *Well-Child Visits—3 to 6 Year Olds*, and *Adolescent Well-Care Visits* measures were reported significantly worse than the SWA in 2019.

### Recommendations:

- Fidelis should continue to work to improve the HEDIS®/QARR measures that consistently perform below average, with a focus on access to well-care visits for children and adolescents. The MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement. The MCP should consider routine evaluations its current initiatives for effectiveness and modify its strategy where necessary. *[Repeat recommendation.]*

### Assessment of MCP Follow-up on Prior Recommendations

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
The MCP should continue to work to improve the HEDIS®/QARR measures that consistently perform below average. The MCP should evaluate its current initiatives for effectiveness and modify its strategy where necessary. <i>[Repeat recommendation.]</i>	<p>In accordance to the Mission of Fidelis Care to promote health through quality, accessible care, and services for all, Fidelis Care has implemented multiple initiatives to continuously improve HEDIS/QARR and CAHPS measure rates that perform below statewide average (SWA). Fidelis Care continues to focus on both statewide campaigns and regionally focused initiatives to improve the Plan's HEDIS/QARR performance.</p> <p>Strategies employed to improve the Plan's HEDIS/QARR measure performance include supplemental databases, print media, educational visits with providers, and member/provider outreach. Initiatives to improve the HEDIS/QARR measure rates were bundled into multi-measure projects as well as measure specific projects.</p> <p>1. HEDIS/QARR Project Sponsors Work Group: the Work Group meets weekly to work on all aspects of HEDIS/QARR including: monthly rate report analysis, planned outreach, and incentive opportunities targeting providers and members; identifies and</p>



Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>addresses status of supporting technical components. The Work Group is designed with a cross-departmental approach to quality improvement and includes representation from pharmacy, clinical services, behavioral health, quality management, vendor delegation and oversight, provider relations, IT, and communications. Findings and activities of this group are reported to the QARR Steering Committee.</p> <p>2. QARR Steering Committee: the Committee meets weekly and is made up of Fidelis Care Executive Leadership who provides guidance on key issues, objectives, and decisions. The work of the Project Sponsors Work Group is used to inform the Committee members via monthly rate report analysis and significant HEDIS/QARR updates and initiatives. HEDIS/QARR measure reports are calculated monthly and presented to the Committee. Weekly meetings are held to monitor the effectiveness of interventions to assure that all measures below SWA thresholds improve over time and all measures above SWA are maintained.</p> <p>3. HEDIS/QARR Noncompliance Reports/Fail Lists: Monthly rate reports are generated which support targeted outreach to providers and members. Individual provider non-compliance reports are posted to the provider portal monthly to help providers identify patients in need of services and encourage compliance. A letter version of non-compliance reports are mailed to providers every other month as additional support. Clinical Services utilize monthly fail lists to focus phone outreach, encouraging member compliance and when necessary/requested assist in appointment scheduling.</p> <p>4. QARR Dashboard: The QARR dashboard was created to effectively report measure performance and in a consolidated format. The dashboard includes measure performance by line of business, trending over multiple reporting years with associated interventions and outreach activities. With this consolidated information, Fidelis Care staff is enabled to better manage strategies to improve HEDIS/QARR measure performance.</p> <p>5. Member and Provider Outreach:</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Member outreach includes outbound calls to encourage members to adhere to quality preventative measures such as well child/adolescent care and immunizations. Member outreach is also conducted to identify potential gaps in behavioral health care treatment and services.</p> <p>Provider outreach includes provider mailings with focused prospective reports in addition to routine report cards and non-compliance reports so that providers can take action to ensure members receive preventive care services. Provider site visits are also conducted as a part of the outreach. The Plan's Provider Partnership Associates (PPS) continue to conduct site visits to review report cards, discuss specific measures such as well child/adolescent care and immunizations and chlamydia screening.</p> <p>6. Member and Provider Quality Care Incentives: Member incentives are utilized by the Plan to encourage members to have preventative screening and tests done. The measures that qualify for member incentives include:</p> <ul style="list-style-type: none"> <li>• Breast Cancer Screening</li> <li>• Colorectal Cancer Screening</li> <li>• Childhood Wellness (CIS-3)</li> <li>• Postpartum Visit</li> </ul> <p>Provider incentives are included in the Quality Care Incentives (QCI) program. The Quality Care Incentives (QCI) program is a cornerstone of Fidelis Care's quality initiatives. Each year, the QCI program is based upon recognized State and national guidelines from the State Department of Health's Quality Assurance Reporting Requirements (QARR) and the National Committee on Quality Assurance (NCQA).</p> <p>7. Focused HEDIS/QARR Improvement Projects:</p> <p>Colorectal Cancer Screening (COL) and Breast Cancer Screening (BCS) Improvement Projects</p> <p>The Plan is engaged in an ongoing collaborative partnership with NYSDOH in breast cancer and colorectal cancer screening initiatives to improve the low screening rates in the Adirondack Region. The</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>colorectal cancer screening project identified non-compliant members in ten counties in the Adirondack Region and six counties in the Central Region, categorized them into three groups to study the rate of screening compliance with analysis of the initiatives most effective for improving cancer screening rates. The project also aimed to facilitate collaboration between Primary Care Providers and Gastroenterologists to improve access to colon cancer screening services, especially colonoscopy. These regions were selected as an area of focus due to low compliance rates compared with other regions in New York State. In addition, the Plan participated in the Breast Cancer Screening initiative in the Adirondack region with member outreach, and education.</p> <p>As part of Quality Performance Matrix activities, Fidelis Care implemented corrective action plans for each Effectiveness of Care domain indicator cited in the Opportunities for Improvement. For each indicator, staff with expert knowledge of the given indicator were assembled to identify barriers to compliance, create root cause analyses, and identify opportunities for improvement.</p> <p>Actions by indicator include:</p> <ol style="list-style-type: none"> <li>1. Improve Discussing Smoking Cessation Medications: <ul style="list-style-type: none"> <li>• Modified Comprehensive Assessment tool (CM) to include a question to capture members' interest in discussing smoking cessation medications with their provider.</li> <li>• Enhanced member script/ talking points (Clinical Care outreach) to include information regarding the smoking medications covered under the Plan.</li> <li>• Provided internal staff training to enforce the new system enhancements and script. Issued a reminder post card to screen eligible Fidelis Care members.</li> <li>• Designed member friendly communication materials to provide helpful information for members to discuss with their provider for smoking cessation medication options.</li> <li>• Issued mailing to members identified as a smoker via the Health Risk Assessment (HRA) or</li> </ul> </li> </ol>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
	<p>Comprehensive Assessment. Mailing contained specific information and helpful education regarding smoking and smoking cessation medication options (educational resources were obtained from the American Lung Association, American Cancer Society, and, the NY Smoke Free.com.).</p> <ul style="list-style-type: none"> <li>• Included an article in the Provider Newsletter to give providers helpful information regarding smoking cessation, medications/deterrents and tips for member engagement.</li> <li>• Posted announcement to the Provider Portal regarding smoking cessation medications.</li> </ul> <p>2. Flu Shots for Adults:</p> <ul style="list-style-type: none"> <li>• Reviewed and enhanced Clinical Care Advance (CCA) software to capture members' flu shot status.</li> <li>• Sent reminder mailings and emails to Fidelis Care members who had an elevated risk of flu complications.</li> <li>• Included educational information for members in the Fidelis Care Member Newsletter regarding the importance of flu shots and flu prevention.</li> <li>• Provided flu shot reminder messaging for Fidelis Care members through the on-hold telephone script.</li> <li>• Provided educational information for providers on flu shots and flu prevention in the Provider Newsletter and on the Fidelis Care provider portal.</li> </ul> <p>The root cause analysis and corrective action plans (based on 2018 performance data) for Improve Discussing Smoking Cessation Medications and Flu Shots for Adults were implemented in 2019. The Plan anticipates a lag in the time for the actions plans to have an impact on compliance rates. The actions implemented in 2019 will be reflected in the 2020 measurement year.</p>
<b>Access to/Timeliness of Care</b>	
As the MCP's Medicaid membership increases, the MCP should consider accommodating this by increasing its provider network. Females are 34% of the MCP's Medicaid membership and with the MCP's	<ul style="list-style-type: none"> <li>• Fidelis Care has a robust network of OB/GYN providers located throughout the 62 counties we serve for the Medicaid Managed Care program. Our OB/GYN network provide an integral role supporting a wide range of HEDIS®/QARR quality</li> </ul>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>high ratio of enrollees to OB/GYNs, increasing the number of OB/GYN specialists would benefit members' access to care. Improving the provider network can also improve the MCP's rates for Breast Cancer Screenings and Chlamydia Screenings in Women (Ages 16-24).</p>	<p>measures, with a specific focus on Breast Cancer Screening and Chlamydia Screenings in Women (Ages 16-24). Fidelis Care is always looking to grow, and enhance our provider network on a daily basis, and frequently are contracting with additional providers to allow our members the ability to have access to the OB/GYN provider of their choice.</p> <ul style="list-style-type: none"> <li>• As referenced in the summary table below, the Fidelis Care Medicaid Managed Care OB/GYN network, along with the Primary Care Physician network are geographically situated in a manner that ensure easy access for members obtaining care.</li> <li>• Additionally, Fidelis Care has a large network of Primary Care Physicians (Family Practice, Internal Medicine &amp; Pediatric) provider specialties who also play a vital role in supporting the two quality metrics referenced; along with all of the other HEDIS®/QARR measures assessed by New York State. We feel when our Primary Care Network is added to our OB/GYN network, there is a more than plentiful amount of providers who provide access to the vital services that are measured through HEDIS®/QARR review processes.</li> </ul>

## UnitedHealthcare Community Plan

### Performance Improvement Project Findings

IPRO's validation of UHCCP's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

UHCCP aimed to identify and stratify eligible Medicaid and CHP members who are required to receive blood lead testing, newborn hearing screening/testing and standardized developmental tests and will implement interventions aimed at improving screening rates and necessary follow-up within appropriate timeframes. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Silverlink IVR- automated interactive voice recording sent to identify members educating them on the need for blood lead level testing and linkages to appropriate services.
- Outreach calls to parents of identified members with no blood lead level test to educate and encourage families to schedule blood lead level testing and providing additional linkages to services.
- Member newsletter/mailler including information about where lead is found in homes, and the effects of blood lead poisoning.
- LetsGetChecked (LGC), a home testing and patient management program for members who opt-in to the program receive a blood lead level testing kit and follow-up call.
- Member newsletter/mailler including information about newborn hearing screening and linkages to appropriate services.
- Live outreach calls to parents of members who require follow up after hearing screening.
- Live outreach calls to parents of identified members with no developmental level screening educating them on appropriate linkages to services and encouraging them to schedule follow-up appointments.

Newsletter/mailler sent to members annually with information about the importance of developmental screenings and linkages to appropriate services.

#### Provider-Focused Interventions:

- Providing dashboard to high volume providers identifying patients with opportunity to receive the recommended blood level testing/follow-up within the appropriate timeframe.
- Sending a list to selected providers with members due for follow-up by the plans' Clinical Practice Consultants (CPC).
- Providing resources to providers including current blood level testing and reporting guidelines and management of risks associated with even low blood lead concentrations.
- Providing alert/newsletter to providers regarding blood lead level testing and follow-up requirements via the plan's alert bulletin on provider website.
- Providing reports to high volume providers identifying patients with opportunity to receive the recommended hearing screening, diagnostic evaluation or follow-up within the appropriate timeframe.

- Providing reports to high volume providers identifying patients with the opportunity to receive the recommended developmental/autism screening and follow up within the appropriate timeframe.
- CPCs educating providers on submitting 96110 CPT when completing standard developmental and autism screenings each quarter.

#### MCP-Focused Interventions:

- Including EHDl guidelines for newborn hearing screening, diagnostic audiological evaluation, or referral to EI services on plan's provider website.
- Including alerts on plan's provider website regarding newborn hearing screening, diagnostic hearing test and follow-up guidelines.
- Reviewing and incorporating developmental screening and referral CPGs annually through the plan's Quality Committee and posting it on the provider website.
- Including alerts on provider website advising providers on standardized developmental screening and follow up guidelines.

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	69.91%	70.62%	72.91%
Blood lead test: Age 2 years	69.01%	70.55%	72.01%
Blood lead test: Age 1 and 2 years	48.67%	49.97%	51.67%
Confirmatory venous blood lead test for capillary BLL $\geq$ 5mcg/dl, within 3 months	32.68%	38.77%	39.68%
Confirmed venous BLL of $\geq$ 5mcg/dl	0.45%	0.48%	Not Available
Confirmed venous BLL of $\geq$ 5mcg/dl, follow-up test within 3 months	81.88%	95.85%	96.88%
Confirmed venous BLL $\geq$ 10mcg/dl	0.07%	0.07%	Not Available
Confirmed venous BLL $\geq$ 10mcg/dl, follow-up test within 1 month	32.13%	37.89%	80%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	76.01%	82.40%	83.01%
Did not pass screening by 1 month of age	1.54%	1.73%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	35.82%	22.60%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	25.0%	12.50%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	37.50%	50%	80%
Completed hearing screening before 3 months of age	64.79%	87.92%	88.79%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	62.71%	35.71%	80%

Indicator	Baseline Rate	Interim Rate MY 2019	Target/ Goal
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	2.52%	14.93%	80%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	18.67%	21.91%	23.67%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	29.64%	35.01%	36.64%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	24.70%	27.54%	29.70%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	24.06%	27.81%	29.06%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	0%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	0%	3%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by Attest Health Care Advisors indicated that UnitedHealthcare met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	78 ▼	82	82 ▼	90
WCC—BMI Percentile	78 ▼	78 ▼	82 ▼	88
WCC—Counseling for Nutrition	80	72 ▼	77 ▼	84
WCC—Counseling for Physical Activity	74	64 ▼	70 ▼	76
Childhood Immunizations—Combo 3	63 ▼	56 ▼	56 ▼	74
Lead Screening in Children	83 ▼	81 ▼	85 ▼	89
Adolescent Immunizations—Combo 2	18 ▼	19 ▼	25 ▼	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	61	55 ▼	57 ▼	71
Adolescents—Depression <sup>1</sup>	55	50 ▼	54 ▼	68
Adolescents—Sexual Activity <sup>1</sup>	59	52 ▼	55 ▼	68
Adolescents—Tobacco Use <sup>1</sup>	65	58 ▼	59 ▼	75
Breast Cancer Screening	65 ▼	65 ▼	65 ▼	71
Colorectal Cancer Screening	53 ▼	56 ▼	57 ▼	64
Chlamydia Screening (Ages 16-24)	68 ▼	70 ▼	71 ▼	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	95 ▲	92 ▲	89	89



Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Spirometry Testing for COPD	56	51 ▲	53	52
Use of Imaging Studies for Low Back Pain	78	77	80	79
Pharmacotherapy Management for COPD—Bronchodilators	86	85 ▼	85 ▼	89
Pharmacotherapy Management for COPD—Corticosteroids	76	74	69 ▼	76
Medication Management for People with Asthma 50% (Ages 19-64)	70	69	70	69
Medication Management for People with Asthma 50% (Ages 5-18)	56	58	60	60
Asthma Medication Ratio (Ages 19-64)	59	56 ▼	56	57
Asthma Medication Ratio (Ages 5-18)	72 ▲	73 ▲	69 ▲	66
Persistence of Beta-Blocker Treatment After a Heart Attack	82	77	86	87
CDC—HbA1c Testing	90	89 ▼	91	93
CDC—HbA1c Control (<8%)	59	55	58	61
CDC—Eye Exam Performed	59 ▼	62	65	68
CDC—Nephropathy Monitor	91	92	92	93
CDC—BP Controlled (<140/90 mm Hg)	60	61	61 ▼	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	79	79		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	92	91 ▼		
Appropriate Treatment for URI	92 ▼	92 ▼	88 ▼	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	26 ▼	28 ▼	42 ▼	48
HIV Viral Load Suppression <sup>1</sup>	75	77	75	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	35 ▼		44	46
Advising Smokers to Quit <sup>2</sup>	69		80	79
Smoking Cessation Medications <sup>2</sup>	48		61	62
Smoking Cessation Strategies <sup>2</sup>	43		53	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	54	54	55	54
Antidepressant Medication Management—Effective Continuation Phase	39	39	40	38
Follow-Up Care for Children on ADHD Medication—Initiation	58	56	57	58
Follow-Up Care for Children on ADHD Medication—Continue	66	61	66	67
Follow-Up After Hospitalization for Mental Illness—30 Days	75 ▼	63 ▼	75 ▼	79
Follow-Up After Hospitalization for Mental Illness—7 Days	63	52 ▼	62	64

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	81	81	84	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	80	85	87	80
Antipsychotic Medications for Schizophrenia	64	66	60	64
Utilization				
Well-Child Visits—First 15 Months	59 ▼	65 ▼	59 ▼	69
Well-Child Visits—3 to 6 Year Olds	83 ▼	86	83 ▼	85
Adolescent Well-Care Visits	65 ▼	65 ▼	65 ▼	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	97% ▲	97	96 ▼	97
25 Months-6 Years	94%	95 ▲	93 ▼	94
7-11 Years	97%	97	95 ▼	97
12-19 Years	96% ▲	95	94 ▼	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	81% ▼	82 ▲	82	82
45-64 Years	88% ▼	88 ▼	88 ▼	89
65+ Years	90%	91	90 ▼	92
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	76% ▼	85		
Postpartum Care	71%	68	82	83
Annual Dental Visit <sup>4</sup>	60%	62 ▲	62	62

Note: Rows shaded in grey indicate that the measure is not required to be reported.

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
QARR Prenatal Care Rates				
NYC				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	6%	7%
Prenatal Care in the First Trimester	81% ▲	81% ▲	77%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	13% ▲	-	12%	14%
Vaginal Birth After Cesarean	39% ▲	-	40%	20%

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
ROS				
Risk-Adjusted Low Birth Weight <sup>1</sup>	-	-	9%	7%
Prenatal Care in the First Trimester	76%	77%	73%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	15%	-	16%	13%
Vaginal Birth After Cesarean	10%	-	9%	14%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay. These rates are measured in days; NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that UHCCP was fully compliant with seven of the 11 federal Medicaid requirements reviewed. Affinity was not fully compliant with the requirements of the coverage and authorization of services and QAPI standards.

Part 438 Subpart D and QAPI Standards	Findings
<b>42 CFR 438.206: Availability of Services</b>	D=1, C=1
<b>42 CFR 438.207: Assurances of adequate capacity and services</b>	Met
<b>42 CFR 438.208: Coordination and continuity of care</b>	Met
<b>42 CFR 438.210: Coverage and authorization of services</b>	D=1, C=1
<b>42 CFR 438.214: Provider selection</b>	Met
<b>42 CFR 438.224: Confidentiality</b>	Met
<b>42 CFR 438.228: Grievance and appeal system</b>	D=1, C=1
<b>42 CFR 438.230: Sub-contractual relationships and delegation</b>	Met
<b>42 CFR 438.236: Practice guidelines</b>	Met
<b>42 CFR 438.242: Health information systems</b>	Met
<b>42 CFR 438.330: Quality assessment and performance improvement program</b>	D=1, C=1

- Based on record review and staff interview, the UHCCP and its delegate United Behavioral Health failed to provide a written notice to the enrollee within one business day. The initial adverse determination notice to the member was issued late. This was evident in three out of nine Medicaid concurrent cases reviewed.
- Based on record review and staff interview, the UHCCP failed to include required components in contract files.
- Based on record review and staff interview, the UHCCP failed to include required credential components for two out of 20 credential files.
- Based on record review and staff interview, the UHCCP failed to ensure that its delegate United Behavioral Health included member specific information in its denial of services. Specifically, the initial adverse determination notices did not include enrollee-specific clinical/social detail to show

how the enrollee did not meet the criteria. This was evident in eight out of 20 Medicaid prior-authorization and concurrent cases reviewed.

### ***Evaluation of MCP Compliance with NYS Operational Standards***

For the operational survey, UHCCP was in compliance with 11 of the 14 categories. The categories in which UHCCP was not compliant were Organization and Management (1 citation), Service Delivery Network (2 citations), and Utilization Review (2 citations). For the focused reviews, UHCCP was in compliance with 13 of the 14 categories. The category in which UHCCP was not compliant was Service Delivery Network (2 citations).

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	0	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	0		
Medical Records	0	0		
Member Services	0	0		
Organization and Management	1	0		
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	2	2	Contracts	1
			Other	1
Utilization Review	2			
<b>Total</b>	<b>5</b>	<b>2</b>		

### **Quality of Care Survey Findings – Member Satisfaction**

Measure	2015		2017		2019	
	UHCCP	Statewide Average	UHCCP	Statewide Average	UHCCP	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	76	80	69	80	80	79
Coordination of Care <sup>1</sup>	77	80	79	81	86	81
Customer Service <sup>1</sup>	79	84	81	86	82	87
Flu Shots for Adults Ages 18-64	33 ▼	40	35 ▼	42	44	46
Getting Care Needed <sup>1</sup>	74 ▼	79	76	79	82	81
Getting Care Quickly <sup>1</sup>	78	80	80	78	78	81
Getting Needed Counseling/Treatment	68	74	59	69	55	71

Measure	2015		2017		2019	
	UHCCP	Statewide Average	UHCCP	Statewide Average	UHCCP	Statewide Average
Rating of Counseling/Treatment	67	64	52	60	55	62
Rating of Healthcare	68 ▼	75	74	77	74	75
Rating of Health Plan	69 ▼	76	70 ▼	76	69 ▼	76
Rating of Health Plan—High Users	72	77	74	80	67	77
Recommend Plan to Family/Friends	90 ▼	93	91	92	89	91
Satisfaction with Personal Doctor <sup>1</sup>	80	80	78	81	84	81
Satisfaction with Provider Communication <sup>1</sup>	91	91	90	91	93	92
Satisfaction with Specialist	77	80	79	80	85	82
Shared Decision Making <sup>1</sup>	76	79	79	80	77	80
Wellness Discussion	67	68	69	72	66	75

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, UHC's rates for Asthma Medication Ratio (Ages 5-18) was reported significantly better than the SWA for three consecutive years.

### Opportunities for Improvement:

- In the 2019 HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, UHC continues to demonstrate opportunities for improvement in all of the measures. The rates for *WCC—BMI Percentile, Childhood Immunizations—Combo 3, Lead Screening in Children, Adolescent Immunizations—Combo 2, Breast Cancer Screening, Colorectal Cancer Screening, and Chlamydia Screening (Ages 16-24)* have been reported significantly worse than the SWA for at least three consecutive reporting years.
- In the HEDIS®/QARR Acute and Chronic Care domain, UHC's rates for *Appropriate Treatment for URI and Avoidance of Antibiotics for Adults with Acute Bronchitis* were reported significantly worse than the SWA for at least three consecutive years. In 2019, the MCP's rates for *Pharmacotherapy Management for COPD - Bronchodilators, Pharmacotherapy Management for COPD - Corticosteroids, and CDC—BP Controlled (<140/90 mm Hg)* were below the SWA.
- In regard to the HEDIS®/QARR Behavioral Health measures, UHC had reported rates statistically worse than the SWA for three consecutive years for the *Follow-Up After Hospitalization for Mental Illness - 30 Days* measure.
- UHC continues to demonstrate opportunities for improvement in regard to the Access/Timeliness Indicators. The MCP's rates have been reported significantly worse than the SWA for at least three

consecutive years for the following measures: *Well-Child Visits—First 15 Months*, *Adolescent Well-Care Visits*, and *Adults’ Access to Preventive/Ambulatory Services (Ages 45-64 Years)*. Additionally, in 2019 UHC had reported rates below the SWA for the following measures: *Well-Child Visits—3 to 6 Year Olds*, *Children and Adolescents’ Access to Primary Care Practitioners (Ages 12-24 Months, 25 Months – 6 Years, 7-11 Years, & 12-19 Years)*, and *Adults’ Access to Preventive/Ambulatory Health Services (Ages 65+ Years)*.

- In the 2019 Adult CAHPS® survey, UHC had a rate significantly worse than the SWA for the *Rating of Health Plan* measure.
- The MCP continues to demonstrate an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 2 citations from the focused review surveys related to Service Delivery Network. The MCP received 5 citations from the operational review surveys related to Organization and Management, Service Delivery Network and Utilization Review.

#### **Recommendations:**

- UHC continues to have poor performance for the HEDIS®/QARR prevention and screening measures. While all of the measures in this domain reported rates that were below the SWA, 11 out of 14 measures had an improvement in rates. Therefore the MCP should continue with its current interventions for these measures. The MCP should consider conducting routine root cause analysis to identify additional barriers to members accessing preventative care services. The MCP should also consider implementing interventions that target both providers and members. [Repeat recommendation.]
- UHC demonstrates an opportunity to improve acute and chronic care HEDIS®/QARR measures. The MCP should consider the use of pharmacists to educate members on medication management for COPD, upper respiratory infections, and acute bronchitis. The MCP should also consider providing to members evidence based self-management programs for chronic conditions.
- UHC should continue to investigate reasons behind its continued poor performance in regard to measures related to access to care for children and adults. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from seeking or receiving care, such as transportation issues, lack of child care during appointment times, or any accessibility issues. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county, to determine if some areas have more significant issues in order to target initiatives to drive improvement.

#### **Assessment of MCP Follow-up on Prior Recommendations**

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b> <b>Access to/Timeliness of Care</b>	
The MCP continues to have poor performance for the HEDIS®/QARR prevention and screening measures. The	Due to the high concentration of UnitedHealthcare Community Plan members in the Hasidic Community in Brooklyn, the Plan has spent considerable effort in

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>MCP should conduct a root cause analysis to determine the factors preventing members from seeking or receiving these services. The MCP outreached to only providers to identify barriers regarding these measures. The MCP should consider barriers to members accessing care such as cultural barriers, member education on when screenings are recommended, lack of cultural competency training for providers or office hours that conflict with work schedules. The MCP should also consider implementing more member focused initiatives such as member incentives, community events and collaboration with a community based organization (CBO) that works within communities that have poor performance for prevention and screening measures. <i>[Repeat recommendation.]</i></p>	<p>trying to understand the barriers to care experienced by members specifically around certain screening and preventive care measures. The Plan has partnered with Nachas, a CBO in the Hasidic Community to help us address the barriers of misconceptions about the timeliness or necessity of certain screenings. In partnership with Nachas, the Plan supported Children’s Day of Health and Women’s Day of Health which were Health Fairs featuring exhibits and speakers on health topics specifically geared towards the health needs of women and children. We offered on-site mammography at the Women’s Day of Health and at the CBO office at other times of the year. Nachas also assisted in a member incentive program for which members could drop off proof that a screening had occurred (well child visits, dental visit, etc.) and the member would be sent an incentive in the form of a gift card from the Plan. Two of the most difficult measures to achieve targets in with the Hasidic Community are the Child and Adult Immunization measures. People in the Community are not anti-vaccine but prefer to spread out the early childhood immunizations; they are not timely for QARR standards but most of the children get vaccinated eventually. For adolescents, the HPV vaccine is almost always refused because of the appearance that a person will have sex outside of marriage, which is forbidden.</p> <p>Across the whole State, the Plan offers incentives for preventive care and screening measures such as well child, dental, breast cancer screening, cervical cancer screening and colorectal cancer screenings. The Plan also uses Silverlink to make Interactive Voice Response (IVR) calls to members on multiple prevention and screening measures. We make live calls to members and have capacity to speak multiple languages. Health literacy is another common social determinant that can have a significant impact on members decisions to pursue care. Healthcare and treatment plans are successful only when the member understands them. To address this need, UnitedHealthcare offers an online tool for health literacy- Just Plain Clear. This tool contains commonly used medical and insurance terms, in easy to understand language and is available in English,</p>

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>The MCP continues to perform below the statewide averages for measures in the HEDIS®/QARR Acute and Chronic Care domain. The MCP should consider developing case management programs that educate members on medication management for COPD, Asthma, and Upper Respiratory Infections. The MCP should also consider offering to members an evidence based self-management program for chronic conditions.</p>	<p>Spanish and Portuguese.</p> <p>UnitedHealthcare Community Plan UHC operates Disease Management/Population Health (PH) programs from time to time to meet the care needs of its membership with chronic conditions or who may need complex care management. The PH strategy addresses member health needs along the entire continuum of care. Key principles of the PH strategy include:</p> <ul style="list-style-type: none"> <li>• Focusing on the whole person across all their health care services and needs, including behavioral health services;</li> <li>• Providing wellness services;</li> <li>• Identifying target populations for PH interventions; and</li> <li>• Supporting practitioners and providers to deliver better health outcomes.</li> <li>• PH programs generally seek to:</li> <li>• Keep members healthy;</li> <li>• Manage members with emerging risk;</li> <li>• Ensure patient safety or outcomes across settings; and</li> <li>• Manage multiple chronic illnesses.</li> </ul> <p>Eligible members are identified by integrating data from multiple systems and sources. Programs and services cover a wide range of activities, including complex case management. The PH strategy is evaluated periodically to measure if goals were met and to identify areas of opportunity. UnitedHealthcare Community Plan will consider Making Disease Management/Population Health programs more robust and with an additional goal of improving HEDIS measures related to chronic disease.</p>



## WellCare of New York, Inc.

### Performance Improvement Project Findings

IPRO's validation of WellCare's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

WellCare aimed to improve early childhood lead, hearing, and developmental screening rates as well as follow-up rates for children ages six years and under from baseline to final measurement. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Conducting outreach to caregivers of members who have blood lead test results in need of follow up to facilitate appointment scheduling.
- Conducting outreach to caregivers of members who are not in compliance for newborn diagnostic audiological evaluation to facilitate appointment scheduling.
- Conducting outreach to caregivers of members eligible for EI services and facilitating program enrollment on an ongoing basis.
- Conducting mailing outreach to caregivers of members who are not in compliance for developmental screenings to educate members on the importance of developmental screenings and promote appointment scheduling.

#### Provider-Focused Interventions:

- Provider touch point tracking report by WellCare Quality Practice Advisor (QPA) staff members to measure the proportion of providers receiving quarterly education on the recommended CDC guidelines for lead testing, hearing screening and follow up guidelines, and AAP guideline for developmental screening and provided Care Gap reports.

#### MCP-Focused Interventions:

- Generation of monthly reports for identifying the members not in compliance with blood lead testing and who have blood lead test results that require follow-up.
- Generation of monthly reports for identifying the newborns who are not in compliance with for hearing screenings, follow up diagnostic audiological evaluation and who require referral to EI services.
- Generation of monthly reports for identifying the members who have not received the recommended developmental screenings at appropriate ages.
- Providing ongoing training sessions to WellCare NY's Quality Practice Advisors to include lead testing guidelines, include hearing screening and follow up guidelines, and AAP Guideline requirements to incorporate developmental screening into the well-child visits and / or positive screening referral options in provider visit discussions.
- Providing training sessions to WellCare NY's Quality Practice Advisors to include Quality Gap Reports and Appointment Agendas to providers that contain lead testing, hearing screening, and developmental screening care gaps, Training Program compliance will be reviewed on an annual basis.

Indicator	Baseline Rate	Final Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	43.17%	57.05%	55%
Blood lead test: Age 2 years	48.22%	58.35%	65%
Blood lead test: Age 1 and 2 years	32.04%	39.31%	45%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	64.29%	86.05%	100%
Confirmed venous BLL of $\geq 5$ mcg/dl	2.62%	3.26%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	21.37%	22.34%	100%
Confirmed venous BLL $\geq 10$ mcg/dl	0.87%	1.11%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	71.43%	51.35%	100%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	85.87%	86.01%	95%
Did not pass screening by 1 month of age	1.43%	1.53%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	27.27%	5.88%	100%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	16.67%	0%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	100%	Not Available	100%
Completed hearing screening before 3 months of age	88.05%	86.24%	98%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	27.78%	11.77%	100%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	Not Available	Not Available	100%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	10.78%	10.44%	20%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	28.87%	29.79%	38%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	17.60%	18.96%	27%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	18.13%	19.25%	28%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	17.31%	30%
Standardized autism screening by 30 months of age:	0%	8.57%	30%

Indicator	Baseline Rate	Final Rate MY 2019	Target/ Goal
2 claims for autism screening			

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by HealthcareData Company, LLC indicated that WellCare met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	94 ▲	97 ▲	97 ▲	90
WCC—BMI Percentile	84	90 ▲	90	88
WCC—Counseling for Nutrition	81	82	82	84
WCC—Counseling for Physical Activity	70	74	74	76
Childhood Immunizations—Combo 3	75	72	73	74
Lead Screening in Children	85	84 ▼	88	89
Adolescent Immunizations—Combo 2	37	39	39	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	67	68	68	71
Adolescents—Depression <sup>1</sup>	57	60	63	68
Adolescents—Sexual Activity <sup>1</sup>	62	62	62	68
Adolescents—Tobacco Use <sup>1</sup>	73	71	71	75
Breast Cancer Screening	67 ▼	67 ▼	66 ▼	71
Colorectal Cancer Screening	57	63	63	64
Chlamydia Screening (Ages 16-24)	80 ▲	81 ▲	82 ▲	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	89	87 ▼	84 ▼	89
Spirometry Testing for COPD	54	53	52	52
Use of Imaging Studies for Low Back Pain	80	81 ▲	83 ▲	79
Pharmacotherapy Management for COPD—Bronchodilators	85	88	79 ▼	89
Pharmacotherapy Management for COPD—Corticosteroids	72	72	60 ▼	76
Medication Management for People with Asthma 50% (Ages 19-64)	69	68	57 ▼	69
Medication Management for People with Asthma 50% (Ages 5-18)	44 ▼	53	52	60
Asthma Medication Ratio (Ages 19-64)	65 ▲	63	50 ▼	57
Asthma Medication Ratio (Ages 5-18)	67	64	63	66
Persistence of Beta-Blocker Treatment After a Heart Attack	79	75	80	87
CDC—HbA1c Testing	92	92	92	93
CDC—HbA1c Control (<8%)	59	53 ▼	53 ▼	61

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
CDC—Eye Exam Performed	59 ▼	62 ▼	62 ▼	68
CDC—Nephropathy Monitor	93	91	93	93
CDC—BP Controlled (<140/90 mm Hg)	63	60 ▼	60 ▼	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	81	75		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	93	93 ▲		
Appropriate Treatment for URI	95	96	87 ▼	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	46 ▲	53 ▲	54 ▲	48
HIV Viral Load Suppression <sup>1</sup>	66 ▼	70 ▼	65 ▼	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	39		40	46
Advising Smokers to Quit <sup>2</sup>	79		SS	79
Smoking Cessation Medications <sup>2</sup>	63		SS	62
Smoking Cessation Strategies <sup>2</sup>	63		SS	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	54	52	50	54
Antidepressant Medication Management—Effective Continuation Phase	35	39	36	38
Follow-Up Care for Children on ADHD Medication—Initiation	59	55	57	58
Follow-Up Care for Children on ADHD Medication—Continue	SS	SS	SS	67
Follow-Up After Hospitalization for Mental Illness—30 Days	62 ▼	67 ▼	65 ▼	79
Follow-Up After Hospitalization for Mental Illness—7 Days	39 ▼	59	44 ▼	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	80	81	80	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	79	73	71	80
Antipsychotic Medications for Schizophrenia	65	63	61	64
Utilization				
Well-Child Visits—First 15 Months	61 ▼	64 ▼	66	69
Well-Child Visits—3 to 6 Year Olds	78 ▼	79 ▼	79 ▼	85
Adolescent Well-Care Visits	64 ▼	64 ▼	66 ▼	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	92 ▼	93 ▼	92 ▼	97
25 Months-6 Years	87 ▼	88 ▼	88 ▼	94
7-11 Years	93 ▼	92 ▼	92 ▼	97
12-19 Years	92 ▼	91 ▼	91 ▼	95

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Adults' Access to Preventive/Ambulatory Services (AAP)</b>				
20-44 Years	69 ▼	69 ▼	70 ▼	82
45-64 Years	83 ▼	83 ▼	83 ▼	89
65+ Years	88 ▼	87 ▼	85 ▼	92
<b>Access to Other Services</b>				
Timeliness of Prenatal Care <sup>3</sup>	88	89		
Postpartum Care	71	69	78 ▼	83
Annual Dental Visit <sup>4</sup>	49 ▼	50 ▼	52 ▼	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>NYC</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	8%	-	7%	7%
Prenatal Care in the First Trimester	73%	73%	67%	74%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	19%	-	16%	14%
Vaginal Birth After Cesarean	10%	-	9%	20%
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	6%	-	9%	7%
Prenatal Care in the First Trimester	69%	68%	71%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	14%	-	16%	13%
Vaginal Birth After Cesarean	6%	-	4%	14%

*Note: Some of the 2017 rates were not available at the time of the report*

PTMY: Per Thousand Member Years; ER: Emergency Room; ALOS: Average Length of Stay (These rates are measured in days); NYC: New York City; ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that WellCare was fully compliant with nine of the 11 federal Medicaid requirements reviewed. WellCare was not fully compliant with the requirements of the availability of services standard.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	D=1, C=1
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	D=1, C=1
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

- Based on record review and staff interview, the WellCare and its delegates, Evicore and Healthplex failed to provide phone notification to the enrollee and or the provider of the determination in Medicaid and CHP prior authorization cases reviewed. Specifically, a) WellCare failed to provide phone notification to the enrollee and provider in two out of 11 Medicaid prior authorization cases reviewed, b) Wellcare failed to ensure that its delegates Evicore and Healthplex provided phone notification to the enrollee in three out of five CHP prior authorization cases reviewed.
- Based on record review and staff interview, the WellCare failed to provide phone notification to the enrollee of the determination in Medicaid and CHP concurrent cases reviewed. Specifically: a) WellCare failed to provide phone notification to the enrollee in three out of seven CHP concurrent cases reviewed, b) WellCare failed to provide phone notification to the enrollee in two out of seven Medicaid concurrent cases reviewed.

#### ***Evaluation of MCP Compliance with NYS Operational Standards***

For the operational survey, WellCare was in compliance with 13 of the 14 categories. The category in which WellCare was not compliant was Service Delivery Network (2 citations). For the focused reviews, WellCare was in compliance with 12 of the 14 categories. The categories in which WellCare was not compliant were Medicaid Contract (1 citation) and Organization and Management (1 citation).

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Complaints and Grievances	0	0		
Credentialing	0	0		
Disclosure	0	0		
Family Planning	0	0		
HIV	0	0		
Management Information Systems	0	0		
Medicaid Contract	0	1	Complaints	1
Medical Records	0	0		
Member Services	0	0		

Category	Operational Citations	Focused Review Citations	Focused Review Citation: Survey Type	Citations Per Survey Type
Organization and Management	0	1	Other	1
Prenatal Care	0	0		
Quality Assurance	0	0		
Service Delivery Network	0	0		
Utilization Review	2	0		
<b>Total</b>	<b>2</b>	<b>2</b>		

### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	WellCare	Statewide Average	WellCare	Statewide Average	WellCare	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	81	<b>80</b>	79	<b>80</b>	SS	<b>79</b>
Coordination of Care <sup>1</sup>	73	<b>80</b>	86	<b>81</b>	78	<b>81</b>
Customer Service <sup>1</sup>	82	<b>84</b>	84	<b>86</b>	81	<b>87</b>
Flu Shots for Adults Ages 18-64	42	<b>40</b>	39	<b>42</b>	40	<b>46</b>
Getting Care Needed <sup>1</sup>	71 ▼	<b>79</b>	78	<b>79</b>	80	<b>81</b>
Getting Care Quickly <sup>1</sup>	75 ▼	<b>80</b>	75	<b>78</b>	70 ▼	<b>81</b>
Getting Needed Counseling/Treatment	69	<b>74</b>	SS	<b>69</b>	SS	<b>71</b>
Rating of Counseling/Treatment	49	<b>64</b>	SS	<b>60</b>	SS	<b>62</b>
Rating of Healthcare	71	<b>75</b>	76	<b>77</b>	78	<b>75</b>
Rating of Health Plan	75	<b>76</b>	72	<b>76</b>	72	<b>76</b>
Rating of Health Plan—High Users	73	<b>77</b>	76	<b>80</b>	69	<b>77</b>
Recommend Plan to Family/Friends	91	<b>93</b>	90	<b>92</b>	89	<b>91</b>
Satisfaction with Personal Doctor <sup>1</sup>	81	<b>80</b>	82	<b>81</b>	83	<b>81</b>
Satisfaction with Provider Communication <sup>1</sup>	87	<b>91</b>	91	<b>91</b>	90	<b>92</b>
Satisfaction with Specialist	79	<b>80</b>	76	<b>80</b>	84	<b>82</b>
Shared Decision Making <sup>1</sup>	80	<b>79</b>	81	<b>80</b>	SS	<b>80</b>
Wellness Discussion	66	<b>68</b>	62 ▼	<b>72</b>	78	<b>75</b>

SS: Sample size too small to report (less than 30 members), but included in the statewide average.

<sup>1</sup> These indicators are composite measures.

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, WellCare's rates were significantly better than the SWA for three consecutive years for the *Adult BMI Assessment* and *Chlamydia Screening (Ages 16-24)* measures.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, WellCare's rate for *Avoidance of Antibiotics* was significantly better than the SWA for three consecutive years. In 2019, the MCP's rates were above the SWA for the *Use of Imaging Studies for Low Back Pain* measure.

### Opportunities for Improvement:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, WellCare continues to demonstrate opportunities for improvement in the *Breast Cancer Screening*. The rates have been reported significantly worse than the SWA for at least three consecutive reporting years.
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP demonstrates opportunities for improvement. The MCP's rate for *CDC - Eye Exam Performed* and *HIV Viral Load Suppression* were reported significantly worse than the SWA for three consecutive years. In 2019, the MCP's rates were also below the SWA for the following measures: *Testing for Children with Pharyngitis*, *Pharmacotherapy Management for COPD –( Bronchodilators & Corticosteroids)*, *Medication Management for People with Asthma 50% (Ages 19-64)*, *Asthma Medication Ratio (Ages 19-64)*, *CDC - HbA1c Control (<8%)*, *CDC - BP Controlled (<140/90 mm Hg)* and *Appropriate Treatment for URI*.
- In regard to the HEDIS®/QARR Behavioral Health measures, WellCare's rate was statistically worse than the SWA for the *Follow-Up After Hospitalization for Mental Illness - 7 Days and 30 Days* measures.
- WellCare continues to demonstrate an opportunity for improvement in regard to the Access/Timeliness Indicators. The MCP's rates have been reported statistically worse than the SWA for at least three consecutive years for the following measures: *Well-Child Visits—3 to 6 Year Olds*, *Adolescent Well-Care Visits*, *Children and Adolescents' Access to Primary Care Practitioners (Ages 12-24 Months, 25 Months-6 Years, 7-11 Years, & 12-19 Years)*, *Adults' Access to Preventive/Ambulatory Health Services (Ages 20-44 Years, 45-64 Years, and 65+ Years)*, and *Annual Dental Visit*. Additionally, in 2019, the MCP had rates below the SWA for the *Well-Child Visits—First 15 Months* and *Postpartum Care* measures.
- In regard to the 2019 Adult CAHPS® survey, WellCare had a rate significantly worse than the SWA for the *Getting Care Quickly* measure.
- The MCP demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 2 citations from the focused review surveys related to Contracts and Organization and Management. The MCP received 2 citations from the operational review surveys related to Utilization Review.

### Recommendations:

Recommendations were not made due to WellCare's acquisition by Fidelis in 2020.

## Assessment of MCP Follow-up on Prior Recommendations



WellCare was not required to provide a response to the RY 2018 recommendations due to its acquisition by Fidelis.

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
The MCP should continue to work to improve those HEDIS®/QARR measures that consistently perform below average. The MCP should conduct a root cause analysis to determine the key factors for poor performance in regards to preventative screenings, chronic disease management and follow-up care with mental health practitioners after an inpatient discharge. The MCP should consider offering an evidence based chronic disease self-management program to members. Self-management programs improve health behaviors, disease-related symptoms, communications with providers, and overall health status. <sup>12</sup>	
<b>Access to/Timeliness of Care</b>	
The MCP should continue to investigate reasons behind its continued poor performance in regard to measures related to access to primary and preventive care for children and adults. The MCP should conduct thorough, population-specific barrier analyses to determine factors preventing members from seeking or receiving care, such as; transportation issues, lack of child care during appointment times, or any accessibility issues. Additionally, the MCP should consider examining these measures in terms of geographic areas, such as by county or zip code, to determine if some areas have more significant issues in order to target initiatives to drive improvement. Additionally, the MCP should investigate if the low performance on measures is related to the low performance for the Child CAHPS® measures <i>Getting Care Needed</i> and <i>Getting Care Quickly</i> .	

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<sup>12</sup> Ahn S, Basu R, Smith ML, et al. The impact of chronic disease self-management programs: healthcare savings through a community-based intervention. *BMC Public Health*. 2013;13:1141. Published 2013 Dec 6. doi:10.1186/1471-2458-13-1141

### Performance Improvement Project Findings

IPRO's validation of YourCare's 2019-2021 PIP confirmed its alignment with CMS EQR *Protocol 1. Validation of Performance Improvement Projects.*

YourCare aimed to identify, early, any children missing any screening for lead, hearing and developmental delay. The following interventions were implemented in 2019:

#### Member-Focused Interventions:

- Mailing educational materials to parents and updating website placing emphasis on lead screening and timeliness of testing.
- Adding education to website and member newsletter about development, assessment of behavioral and social delay.
- Adding education to newborn education mailing, on website and in member newsletter about identification of early signs of autism and what to discuss with healthcare provider.

#### Provider-Focused Interventions:

- Distribution of educational materials to VBP providers and adding information to provider newsletter.
- Distribution of monthly gap in care reports with highlighted lead gaps for VBP practices.
- Adding information to provider newsletter about the importance of referral for diagnostic audiological evaluation and referral to early intervention.
- Educating practices using input from NYS about the use of a standardized tool to assess developmental milestones and any delay.
- Developing practice education program (webinar) to review Childhood development assessment of behavior and social delays.

#### MCP-Focused Interventions:

- Identifying practices in high lead area and providing education using NYS protocol for lead screening.
- Creating new reports to identify children with high lead levels and enrolling them in new outreach addressing children at risk and assuring follow up has occurred and providing parental support as needed including transportation.
- Developing a report using EDHI codes with claims data and actual data for newborns that do not pass hearing screening and need a diagnostic audiological evaluation and infants who are diagnosed with hearing loss and need a referral to early intervention.
- Developing outreach program to be sure there has been a referral for future evaluations, assisting with making appointments, arranging transportation and confirming follow-up.
- Partnering with area Pediatric Practitioner and Pediatric Practice to help identify standardization of a tool and use of CPT code.
- Develop outreach program to assist with referral, and to assist with setting appointments for a well-child visit with developmental screening.

Indicator	Baseline Rate	Final Rate MY 2019	Target/ Goal
<b>Blood Lead Testing</b>			
Blood lead test: Age 1 year	39%	37%	44%
Blood lead test: Age 2 years	47%	44%	52%
Blood lead test: Age 1 and 2 years	27%	33%	32%
Confirmatory venous blood lead test for capillary BLL $\geq 5$ mcg/dl, within 3 months	48%	63%	53%
Confirmed venous BLL of $\geq 5$ mcg/dl	3%	2%	Not Available
Confirmed venous BLL of $\geq 5$ mcg/dl, follow-up test within 3 months	29%	29%	80%
Confirmed venous BLL $\geq 10$ mcg/dl	<1%	<1%	Not Available
Confirmed venous BLL $\geq 10$ mcg/dl, follow-up test within 1 month	13%	13%	80%
<b>Newborn Hearing Screening</b>			
Completed screening by 1 month of age	89%	97%	92%
Did not pass screening by 1 month of age	2%	2%	Not Available
Did not pass screening by 1 month of age; had a diagnostic audiological evaluation by 3 months of age	10%	12%	80%
Did not pass screening by 1 month of age; had a diagnostic evaluation by 3 months of age and diagnosed with hearing loss by 3 months	100%	0%	Not Available
Did not pass screening by 1 month of age; diagnosed with hearing loss by 3 months of age and referred to EI services by 6 months of age	Not Available	0%	80%
Completed hearing screening before 3 months of age	92%	94%	97%
Did not pass hearing screening; had a diagnostic audiological evaluation before 6 months of age	33%	22%	80%
Had a diagnosis of hearing loss; referred to EI services before 9 months of age	0%	67%	80%
<b>Developmental Screening</b>			
Standardized global developmental screening for developmental, behavioral, and social delays by 1 year of age	4%	7%	9%
Standardized global developmental screening for developmental, behavioral, and social delays by 2 years of age	22%	21%	27%
Standardized global developmental screening for developmental, behavioral, and social delays by 3 years of age	20%	22%	25%
Standardized global developmental screening for developmental, behavioral, and social delays according to AAP Well-Child visit guidelines	15%	17%	20%
Standardized autism screening by 30 months of age: 1 claim for autism screening	0%	4%	3%
Standardized autism screening by 30 months of age: 2 claims for autism screening	0%	1%	3%

## Performance Measures Findings

The 2020 HEDIS FAR for MY 2019 produced by DTS Group indicated that YourCare met all of the requirements to successfully report HEDIS data to NCQA and QARR data to the NYSDOH.

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
<b>Effectiveness of Care: Prevention and Screenings</b>				
Adult BMI Assessment	88	92 ▲	92 ▲	90
WCC—BMI Percentile	86	91 ▲	91 ▲	88
WCC—Counseling for Nutrition	81	89 ▲	89 ▲	84
WCC—Counseling for Physical Activity	76	82 ▲	82 ▲	76
Childhood Immunizations—Combo 3	74	78 ▲	80 ▲	74
Lead Screening in Children	89	90	92	89
Adolescent Immunizations—Combo 2	30 ▼	36 ▼	38 ▼	45
Adolescents—Alcohol and Other Drug Use <sup>1</sup>	73	81 ▲	81 ▲	71
Adolescents—Depression <sup>1</sup>	71 ▲	77 ▲	77 ▲	68
Adolescents—Sexual Activity <sup>1</sup>	68	77 ▲	77 ▲	68
Adolescents—Tobacco Use <sup>1</sup>	76	85 ▲	85	75
Breast Cancer Screening	69	69	68 ▼	71
Colorectal Cancer Screening	55 ▼	55 ▼	58 ▼	64
Chlamydia Screening (Ages 16-24)	68 ▼	70 ▼	70 ▼	76
<b>Effectiveness of Care: Acute and Chronic Care</b>				
Testing for Children with Pharyngitis	92	89	88	89
Spirometry Testing for COPD	44 ▼	45 ▼	37 ▼	52
Use of Imaging Studies for Low Back Pain	67 ▼	65 ▼	72 ▼	79
Pharmacotherapy Management for COPD—Bronchodilators	83	85	86	89
Pharmacotherapy Management for COPD—Corticosteroids	78	83	83	76
Medication Management for People with Asthma 50% (Ages 19-64)	62 ▼	73	85 ▲	69
Medication Management for People with Asthma 50% (Ages 5-18)	52	61	71 ▲	60
Asthma Medication Ratio (Ages 19-64)	64 ▲	63	67 ▲	57
Asthma Medication Ratio (Ages 5-18)	79 ▲	70	67	66
Persistence of Beta-Blocker Treatment After a Heart Attack	89	SS	SS	87
CDC—HbA1c Testing	89	90	90	93
CDC—HbA1c Control (<8%)	57	56	56	61
CDC—Eye Exam Performed	67	63	63 ▼	68
CDC—Nephropathy Monitor	92	91	92	93
CDC—BP Controlled (<140/90 mm Hg)	65	72 ▲	72 ▲	67
Drug Therapy for Rheumatoid Arthritis <sup>3</sup>	82	78		
Monitor Patients on Persistent Medications—Total Rate <sup>3</sup>	89 ▼	88 ▼		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Appropriate Treatment for URI	93 ▼	94	89	89
Avoidance of Antibiotics for Adults with Acute Bronchitis	28	30	41 ▼	48
HIV Viral Load Suppression <sup>1</sup>	76	84	83	78
Flu Shots for Adults (Ages 18-64) <sup>2</sup>	46		42	46
Advising Smokers to Quit <sup>2</sup>	81		88 ▲	79
Smoking Cessation Medications <sup>2</sup>	58		71 ▲	62
Smoking Cessation Strategies <sup>2</sup>	54		63	56
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management—Effective Acute Phase	49	50	62 ▲	54
Antidepressant Medication Management—Effective Continuation Phase	35	34	46 ▲	38
Follow-Up Care for Children on ADHD Medication—Initiation	51	53	48 ▼	58
Follow-Up Care for Children on ADHD Medication—Continue	55	67	57	67
Follow-Up After Hospitalization for Mental Illness—30 Days	75	76	77	79
Follow-Up After Hospitalization for Mental Illness—7 Days	58	64	61	64
Diabetes Screen for Schizophrenia or Bipolar Disorder on Antipsychotic Meds	79	59	78	82
Diabetes Monitoring for People with Diabetes and Schizophrenia	SS	SS	SS	80
Antipsychotic Medications for Schizophrenia	55	59	65	64
Utilization				
Well-Child Visits—First 15 Months	61 ▼	68	67	69
Well-Child Visits—3 to 6 Year Olds	84	84 ▼	86	85
Adolescent Well-Care Visits	66 ▼	68	68	69
Access to Care				
Children and Adolescents' Access to PCPs (CAP)				
12-24 Months	97	99	98	97
25 Months-6 Years	94	93	94	94
7-11 Years	97	97	97	97
12-19 Years	95	95	96	95
Adults' Access to Preventive/Ambulatory Services (AAP)				
20-44 Years	83 ▲	84 ▲	84 ▲	82
45-64 Years	90	90 ▲	90	89
65+ Years	90	95	90	92
Access to Other Services				
Timeliness of Prenatal Care <sup>3</sup>	86	90		

Measure	Medicaid/CHP			
	2017	2018	2019	2019 SWA
Postpartum Care	67	70	79 ▼	83
Annual Dental Visit <sup>4</sup>	67 ▲	75 ▲	66 ▲	62

*Note: Rows shaded in grey indicate that the measure is not required to be reported.*

COPD: Chronic Obstructive Pulmonary Disease; CDC: Comprehensive Diabetes Care; BP: Blood Pressure; URI: Upper Respiratory Infection; ADHD: Attention Deficit/Hyperactivity Disorder

<sup>1</sup>NYS specific measure

<sup>2</sup>CAHPS measure

<sup>3</sup>2019 rates for this measure was unavailable at the time of the report

<sup>4</sup>For the Annual Dental Visit measure, the Medicaid age group is 2-20 years, while the Child Health Plus age group is 2-18 years

Measure	Medicaid/CHP			
	2016	2017	2018	2018 Regional Average
<b>QARR Prenatal Care Rates</b>				
<b>ROS</b>				
Risk-Adjusted Low Birth Weight <sup>1</sup>	7%	-	7%	7%
Prenatal Care in the First Trimester	74%	74%	74%	73%
Risk-Adjusted Primary Cesarean Delivery <sup>1</sup>	15%	-	12%	13%
Vaginal Birth After Cesarean	18%	-	18%	14%

*Note: Some of the 2017 prenatal rates were not available at the time of the report*

ROS: Rest of State

<sup>1</sup>A low rate is desirable for this measure

## Compliance with Medicaid and CHIP Managed Care Regulations Findings

### *Evaluation of MCP Compliance with Part 438 Subpart D and QAPI Standards*

The NYS operational survey determined that YourCare was fully compliant with all of the federal Medicaid requirements reviewed.

Part 438 Subpart D and QAPI Standards	Findings
42 CFR 438.206: Availability of Services	Met
42 CFR 438.207: Assurances of adequate capacity and services	Met
42 CFR 438.208: Coordination and continuity of care	Met
42 CFR 438.210: Coverage and authorization of services	Met
42 CFR 438.214: Provider selection	Met
42 CFR 438.224: Confidentiality	Met
42 CFR 438.228: Grievance and appeal system	Met
42 CFR 438.230: Sub-contractual relationships and delegation	Met
42 CFR 438.236: Practice guidelines	Met
42 CFR 438.242: Health information systems	Met
42 CFR 438.330: Quality assessment and performance improvement program	Met

### Evaluation of MCP Compliance with NYS Operational Standards

For the operational survey, YourCare was in compliance with 13 of the 14 categories. The category in which YourCare was not compliant was Organization and Management (4 citations). YourCare did not receive any focused review deficiencies in 2019.

Category	Operational Citations	Focused Review Citations
Complaints and Grievances	0	0
Credentialing	0	0
Disclosure	0	0
Family Planning	0	0
HIV	0	0
Management Information Systems	0	0
Medicaid Contract	0	0
Medical Records	0	0
Member Services	0	0
Organization and Management	4	0
Prenatal Care	0	0
Quality Assurance	0	0
Service Delivery Network	0	0
Utilization Review	0	0
<b>Total</b>	<b>4</b>	<b>0</b>

### Quality of Care Survey Findings – Member Satisfaction

Measure	2015		2017		2019	
	YourCare	Statewide Average	YourCare	Statewide Average	YourCare	Statewide Average
<b>Medicaid</b>						
Advising Smokers to Quit	83	80	81	80	88 ▲	79
Coordination of Care <sup>1</sup>	82	80	85	81	85	81
Customer Service <sup>1</sup>	86	84	87	86	87	87
Flu Shots for Adults Ages 18-64	37	40	46	42	42	46
Getting Care Needed <sup>1</sup>	82	79	83	79	85	81
Getting Care Quickly <sup>1</sup>	83	80	85 ▲	78	89 ▲	81
Getting Needed Counseling/Treatment	74	74	73	69	76	71
Rating of Counseling/Treatment	55	64	64	60	76 ▲	62
Rating of Healthcare	74	75	77	77	74	75
Rating of Health Plan	75	76	74	76	71 ▼	76
Rating of Health Plan—High Users	76	77	81	80	65 ▼	77
Recommend Plan to Family/Friends	92	93	94	92	90	91
Satisfaction with Personal	78	80	76 ▼	81	79	81

Measure	2015		2017		2019	
	YourCare	Statewide Average	YourCare	Statewide Average	YourCare	Statewide Average
Medicaid						
Doctor <sup>1</sup>						
Satisfaction with Provider Communication <sup>1</sup>	94 ▲	91	90	91	93	92
Satisfaction with Specialist	78	80	80	80	82	82
Shared Decision Making <sup>1</sup>	81	79	77	80	83	80
Wellness Discussion	71	68	72	72	76	75

## Strengths, Opportunities for Improvement and Recommendations

### Strengths:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, YourCare continues to have a rate significantly better than the SWA for following measures: *Adult BMI Assessment*, *WCC – (BMI Percentile, Counseling for Nutrition & Counseling for Physical Activity)*, *Childhood Immunizations - Combo 3*, and *Adolescents – (Alcohol and Other Drug Use, Depression, Sexual Activity & Tobacco Use)*.
- Within the HEDIS®/QARR Effectiveness of Care: Acute and Chronic Care domain, YourCare's rates for *Medication Management for People with Asthma 50% (Ages 19-64)*, *Medication Management for People with Asthma 50% (Ages 5-18)*, *Asthma Medication Ratio (Ages 19-64)*, *CDC—BP Controlled (<140/90 mm Hg)*, *Advising Smokers to Quit*, and *Smoking Cessation Medications* were reported above the SWA in 2019.
- YourCare's performance rates for behavioral health services has trended upwards for 5 out of 9 measures. Notably, the HEDIS®/QARR rates for *Antidepressant Medication Management—Effective Acute Phase* and *Antidepressant Medication Management—Effective Continuation Phase* are statistically better than the SWA in 2019.
- In regard to the Access/Timeliness Indicators, the MCP's rate for HEDIS®/QARR *Adults' Access to Preventive/Ambulatory Services (Ages 20-44 Years)* and *Annual Dental Visit* were reported significantly better than the SWA for three consecutive years.
- In regard to the 2019 Adult CAHPS® measures, YourCare's rates for *Advising Smokers to Quit*, *Getting Care Quickly*, and *Rating of Counseling/Treatment* were statistically better than the SWA in 2019.

### Opportunities for Improvement:

- In the HEDIS®/QARR Effectiveness of Care: Prevention and Screening domain, YourCare's rates were significantly worse than the SWA for three consecutive years for the *Adolescent Immunizations - Combo 2*, *Colorectal Cancer Screening*, and *Chlamydia Screening (Ages 16-24)* measures. Also, in 2019 the MCP's rate for *Breast Cancer Screening* was below the SWA.
- In the HEDIS®/QARR Acute and Chronic Care domain, the MCP's rates for *Spirometry Testing for COPD* and *Use of Imaging Studies for Low Back Pain* were significantly worse than the SWA for three



consecutive years. In 2019, the MCP's rates for the *CDC—Eye Exam Performed* and *Avoidance of Antibiotics for Adults with Acute Bronchitis* measures were significantly worse than the SWA.

- In regard to the HEDIS®/QARR Behavioral Health measures, YourCare had a reported rate for *Follow-Up Care for Children on ADHD Medication – Initiation* statistically worse than the SWA in 2019.
- In regard to the HEDIS®/QARR Access to Care measures, the MCP had a rate significantly worse than the SWA for the *Postpartum Care* measure in 2019.
- For the 2019 Adult CAHPS® survey, YourCare had rates significantly worse than the SWA for the *Rating of Health Plan* and *Rating of Health Plan—High Users*.
- YourCare demonstrates an opportunity for improvement in regard to compliance with NYSDOH structure and operation standards. The MCP received 4 citations from the operational review surveys related to Organization and Management.

#### **Recommendations:**

Recommendations were not made due to YourCare's acquisition by Molina in 2020.

### **Assessment of MCP Follow-up on Prior Recommendations**

YourCare was not required to provide responses to the RY 2018 recommendations due to its acquisition by Molina in 2020.

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<b>Quality of Care</b>	
The MCP should continue its efforts to improve HEDIS®/QARR Quality Indicators that consistently have rates below the average. While 57% of the prevention and screening measures improved, the rates for Colorectal Cancer and Chlamydia Screenings consistently performed below statewide averages. The MCP should conduct a root cause analysis to determine the key factors preventing improvement for these measures. Regarding the poor performance on measures for acute and chronic diseases, the MCP should routinely evaluate its current interventions to determine its effectiveness. The MCP should consider implementing more provider interventions, such as reminders in provider newsletters, incentives and face-to-face meetings to discuss barriers to providing care to members with chronic conditions. <i>[Repeat recommendation.]</i>	
<b>Access to/Timeliness of Care</b>	
With the MCP's poor performance in	

Identified Opportunity for Improvement EQRO/IPRO Recommendation	Response/Actions/Next Steps
<p>appointment rates for Primary Care and OB/GYN providers during After-Hours Access calls, the MCP should develop a process to identify providers who did not meet the requirements. The MCP should offer education on the access and availability standards to the identified providers. Ongoing reminders to providers can be given through existing provider communications such as; provider portal notifications, quarterly provider newsletters and monthly meetings.</p>	

## VII. Appendix A: Validation of Performance Improvement Projects

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### Objectives

New York State MMCs were required by *Section 18.15 (a)(xi)(B) of the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health Plan and Recovery Model Contract* require each MCP to conduct at least one (1) PIP in a priority topic area of its choosing with the mutual agreement of the NYSDOH and the EQRO, and consistent with *Title 42 CFR § 438.330 Quality assessment and performance improvement program (d)(2)*.

*Title 42 CFR § 438.358 Activities related to external quality review (b)(1)(i)* mandates that the state or an external quality review organization (EQRO) must validate the PIPs that were underway during the preceding twelve (12) months. On behalf of the New York State Department of Health (NYSDOH) Island Peer Review Organization (IPRO) performed this activity for the calendar year (CY) 2019 PIPs. The CY 2019 PIP assessments were conducted using tools developed by IPRO, the EQRO, and consistent with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) *Protocol 1. Validation of Performance Improvement Projects*.

For each PIP, a review of the PIP design and methodology was conducted based on the following ten (10) elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCP's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCP's enrollment and generalizable to the MCP's total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is "real" improvement.
10. Assessment of whether the MCP achieved sustained improvement.

## Technical Methods of Data Collection

IPRO provided PIP report templates to each MCP for the submission of project proposals, interim updates, and results. All data needed to conduct the validation were obtained through these report submissions.

## Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

## Data Aggregation and Analysis

Upon final reporting, a determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

- There are no validation findings that indicate that the credibility is at risk for the PIP results.
- The validation findings generally indicate that the credibility for the PIP results is not at risk; however, results should be interpreted with some caution. Processes that put the conclusions at risk are enumerated.
- There were one or more validation findings that indicate a bias in the PIP results. The concerns that put the conclusion at risk are enumerated.

## VIII. Appendix B: Validation of Performance Measures

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### Objectives

*Title 42 CFR § 438.358 Activities related to external quality review (2)(b)(1)(ii)* mandates that the state or an external quality review organization (EQRO) must validate the PMs that were calculated during the preceding twelve (12) months. On behalf of the NYSDOH, Island Peer Review Organization (IPRO) performed this activity for RY 2019. The validation activity was conducted in alignment with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) *Protocol 2. Validation of Performance Measures*. The primary objectives of the PM validation process were to:

- Evaluate the MCP methodology for PM rate calculation.
- Determine the accuracy of the PM rates calculated and reported by the MCP.

### Technical Methods of Data Collection

Each MCP contracted with a National Committee of Quality Assurance (NCQA)-certified Health Effectiveness (HEDIS®) vendor to collect data and to calculate rates for the PMs. Each MCP also contracted with an NCQA-certified HEDIS compliance auditor to determine if the MCP has the capabilities for processing medical, member, and provider information as a foundation for accurate and automated performance measurement. The audit addressed the MCP's:

- Information practices and control procedures.
- Sampling methods and procedures.
- Compliance with HEDIS specifications.
- Analytic file production.
- Reporting and documentation.

The HEDIS Compliance Audit™ consists of two (2) sections:

- 1) Information Systems Capabilities: An assessment of the information systems capabilities for collecting, sorting, analyzing, and reporting health information.
- 2) HEDIS Specification Standards: An assessment of MCP compliance with reporting practices and HEDIS specifications.

IPRO requested copies of the auditor-submitted final HEDIS compliance audit report, calculated rates, and member-level files.

### Description of Data Obtained

For each MCP, IPRO obtained a copy of the 2020 HEDIS CY 2019 final audit report (FAR) and a locked copy of the 2020 HEDIS CY 2019 audit review table (ART). The MCP's NCQA-certified HEDIS compliance auditor produced both information sources.

The FAR included key audit dates, product lines audited, audit procedures, vendors, data sources including supplemental, descriptions of system queries used by the auditor to validate the accuracy of the data, results of the medical record reviews, results of the information systems capabilities assessment, and rate status. Rates were determined to be reportable, or not reportable (small denominator, benefit not offered, not reported, not required, biased, or unaudited).

The ART produced by the NCQA-certified HEDIS Compliance Auditor displayed PM-level detail including data collection methodology (administrative or hybrid), eligible population count, exclusion count, numerator event count by data source (administrative, medical record, supplemental), and reported rate. When applicable, the following information was also displayed in the ART: administrative rate before exclusions; minimum required sample size (MRSS), and MRSS numerator events and rate; oversample rate and oversample record count; exclusions by data source; count of oversample records added; denominator; numerator events by data source (administrative, medical records, supplemental); and reported rate.

## Data Aggregation and Analysis

IPRO reviewed each MCP's FAR and ART to confirm that all of the PMs were reportable and that calculation of these PM aligned with NYSDOH requirements. To assess the accuracy of the reported rates, IPRO recalculated rates using denominator and numerator data, compared MCP rates to NCQA Quality Compass® regional Medicaid benchmarks and analyzed rate-level trends to identify drastic changes in performance.

NCQA-certified HEDIS compliance auditors validated each MCP's reported HEDIS and QARR performance measures. IPRO used the audit reports as a basis for its evaluation. Measure validation included the following steps:

- IPRO reviewed the FAR of the HEDIS results reported by the MCP that was prepared by an NCQA-licensed organization to ensure that appropriate audit standards were followed. The NCQA *HEDIS Compliance Audit: Standards, Policies and Procedures* document outlines the requirements for HEDIS compliance audits and was the basis for determining the accuracy of the findings stated in the FAR.
- IPRO used available national HEDIS benchmarks, trended data, and knowledge of the MCP's quality improvement activities to assess the accuracy of the reported rates.
- The MCP's interventions to improve quality were reviewed to determine whether the interventions were successful in enhancing care, as measured by any change in the performance measure rate from year to year. Based upon this review, IPRO made recommendations as to whether the MCP should retain or modify its improvement activities.

## IX. Appendix C: Review of Compliance with Medicaid and CHIP Managed Care Regulations

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### Objectives

States contracting Medicaid MCPs are required by CMS to assess MCP compliance with federal Medicaid standards.

*Title 42 CFR § 438.358 Activities related to external quality review (b)(1)(iii)* states that a review of an MCP's compliance with requirements established by the New York State Department of Health (NYSDOH) to comply with the standards of *Title 42 Part 438 Managed Care Subpart D* and the standards of *Title 42 CFR § 438.330* is a mandatory external quality review (EQR) activity. Further, the state, its agent, or the EQRO must conduct this review within the previous three (3)-year period.

NYSDOH conducts a full monitoring review of the MCPs' compliance with structure and operation standards once every two years.

### Technical Methods of Data Collection

The full monitoring review consists of an operational survey. The on-site component includes review of the following: policies and procedures, executed contracts and credentialing files of randomly selected providers, adverse determination utilization review files, complaints and grievances files, meeting minutes, and other documentation. Staff interviews are also conducted. These reviews are conducted using two standardized tools, the "Medicaid Managed Care Contract Surveillance Tool" and the "Review Tool and Protocol for MCP Operational Surveys". The NYSDOH retains the option to deem compliance with standards for credentialing and re-credentialing, quality assurance/improvement, and medical record review.

"Deficiencies" represent a failure to comply with these standards. Each deficiency can result in multiple "citations" to reflect each standard with which the MCPs were not in compliance.

An operational survey consists of two components: pre-survey request and review of documents submitted by the MCP and an on-site review at the MCP's corporate offices to review additional documents and complete various staff interviews. Each comprehensive survey is considered a full operational review of the MCP and includes multiple components for review. Survey Tools have been developed for each component and are assigned to the staff with the subject matter expertise. The Comprehensive Operational survey includes a review of the following components:

- Organization and Management
- Service Delivery
- Fraud, Waste, Abuse, and Program Integrity
- Management Information Systems

- Medicaid Contract
- Member Services
- Utilization Review Management
- Complaints and Grievances, Non-UR
- Behavioral Health Services
- Person Centered Care Management
- Quality Initiatives Quality Assurance, Quality Improvement

A Target Operational Survey is conducted as a follow-up during the next year. This review is multi-focused and includes one or more of the following:

- Evaluation of changes to the MCP: board of directors, officers, organizational changes, modification to the MCP's utilization review and/or quality programs.
- Evaluation of the approved Plan of Correction, (POC) to ensure the POC has been implemented and the noncompliance identified during the Comprehensive Operational Survey has been corrected.
- If the MCP was subject to complaints, was found to be deficient through focus surveys, or has undergone operational changes during the past year, a review of these areas is conducted during the target survey.

The Team Leader completes an assessment of the previous comprehensive survey results to determine if compliance with the POC can be measured through a desk audit or if an on-site visit is required. If the MCP was deficient in the areas of complaints and grievances, service delivery, utilization review, and/or quality assurance; or if major operational issues are identified through complaints or by DOH Central Office, the Target survey should be completed with an on-site visit.

## Description of Data Obtained

The Team Leader is responsible for obtaining completed survey tools and documentation from survey team members. A complete record of the survey must be retained for the purpose of potential need to review for scheduled surveys, potential audit(s), and requests for information as follows:

1. All citation documentation, SOD, SOF and POCs with approval letters must be maintained for a period of 10 years.
2. The completed Operational Survey Tool, interview notes, checklists, notes for review of notice letters, UR processes, credentialing or contracts, and other records of evaluation must be maintained for a period of 6 years.
3. MCP policies and procedures, handbooks, manuals, or other plan materials collected and evaluated during the survey must be maintained until the next comprehensive operational survey and replaced with updated materials, so a current document is maintained. If, at that time, the MCP has attests that there are no changes to a specific document, the material will be retained as part of the next survey's record.



## Data Aggregation and Analysis

The Monitoring Review Report documents any data obtained and deficiencies cited in the survey tools. Any statements of deficiencies (SODs) are submitted to the MCPs after the monitoring review, and the MCPs are required to respond with a plan of corrective action (POC). POCs must be submitted to the NYSDOH for acceptance. In some cases, revisions may be necessary and MCPs are required to resubmit. Ultimately, all MCPs with SODs must have a POC that is accepted by the NYSDOH. During the alternate years when the full review is not conducted, the NYSDOH reviews any modified documentation and follows up with the MCPs to ensure that all deficiencies or issues from the operational survey have been remedied.

## X. Appendix D: Administration or Validation of Quality of Care Surveys

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### Objectives

The NYSDOH sponsors a member experience survey every other year for adults enrolled in Medicaid managed care plans. The Department uses the results from this biannual survey to determine variation in member satisfaction among the plans.

### Technical Methods of Data Collection

IPro subcontracted with DataStat, Inc., a certified-NCQA CAHPS vendor, conducted the survey on behalf of the NYSDOH using the CAHPS 5.0H Adult Medicaid survey. The survey included the 15 MCPs with a sample of 2,000 adults per plan. Prior to the vendor preparing the sample, IPro validated the sample frame provided by the NYSDOH. Questionnaires were sent to 30,000 members following a mail only methodology during the period October 3, 2019, through December 31, 2019, using a standardized survey procedure and questionnaire. Statewide, a total of 3,418 responses were received resulting in a 11.4% response rate.

The instrument selected for the survey, the CAHPS® 5.0H Adult Medicaid core survey, was developed and tested nationally for use in assessing the performance of health plans. The majority of questions addressed domains of member experience such as getting care quickly, doctor communication, overall satisfaction with health care and health plan. The questionnaire was expanded to include 22 supplemental questions of particular interest to the NYSDOH. Rounding out the questionnaire was a set of questions collecting demographic data.

Adults who were current members of a NYSDOH Medicaid managed care plan, ages 18 to 64, as of September 2019 and who had been enrolled for five out of the last six months were eligible to be randomly selected for the survey. Respondents were surveyed in English or Spanish. The survey was administered over a 12 week period using a mail only three wave protocol. The protocol consisted of a first questionnaire packet and reminder postcard to all selected members, followed by a second questionnaire packet to individuals who had not responded to the initial mailings.

### Description of Data Obtained

Member and caretaker responses were obtained using the standardized CAHPS survey tool. DataStat received de-identified member data results from each of the MCP's in order to calculate the data provided in the CAHPS reports.

## Data Aggregation and Analysis

Member responses to questionnaire items are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. Since achievement scores for questions represent the proportion of respondents who indicate a positive experience, the lower the achievement score, the greater the need for improvement. See the Responses by Question section for assignment of achievement responses for each question. In general, somewhat positive responses are included with positive responses as achievements. For example, a response of "Usually" or "Always" to the question "How often did you get an appointment for health care at a doctor's office or clinic as soon as you needed?" is considered an achievement, as are responses of "8", "9", or "10" to rating questions.